General Liability Release Form

By signing below, you agree to the following:

1) I give my permission to receive therapeutic massage.

2) I understand that therapeutic massage is not a substitute for traditional medical

treatment or medications.

3) I understand that the massage therapist does not diagnose illnesses or injuries,

or prescribe medications.

4) I have clearance from my physician to receive therapeutic massage therapy.

5) I understand the risks associated with massage therapy include, but are not limited to:

• Superficial bruising

• Short-term muscle soreness

• Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.

8) I understand that I or the massage therapist may terminate the session at any time.

9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature: _____ Date: _____