

## **INFORMED CONSENT**

By signing below, you understand and agree to the following:

- 1. I give my permission to receive massage therapy.
- 2. Therapeutic massage is not a substitute for traditional medical treatment or medication.
- 3. I understand that massage service is offered for the purpose of general wellness, stress reduction, and relief of muscular tension only.
- 4. I have provided massage therapist with an accurate and complete health history and agree to inform my therapist of any new diagnoses, or changes in my health and/or medications. I do not have any injuries or conditions that prevent me from receiving massage therapy. I am responsible for informing the massage therapist of all medical conditions and medications I am taking, and to let my massage therapist know about any changes to my condition(s) and medications. I understand there may be additional risks based on my physical condition.
- 5. Massage therapists do not diagnose illnesses/injuries/disease, or prescribe medications, and nothing said during the treatment should be construed as such.
- 6. I have clearance from my physician to receive massage therapy.
- 7. Risks associated with massage therapy may include, but are not limited to:
  - a. Superficial bruising
  - b. Short-term muscle soreness
  - c. Exacerbation of undiagnosed or undiscovered injury or illness.
- 8. It is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so she may adjust accordingly.
- 9. Both the massage therapist and I may end the session and/or leave the treatment room/building at any time for any reason.
- 10. I have been given the opportunity to ask questions about the massage therapy session and my questions have been answered.

My informed consent is voluntary consent and may be withdrawn at any time except for actions already taken. I release and hold harmless, the massage therapist and Seva Bodywork, LLC, from all liability concerning any harm or injuries that may occur during the massage session.

CLIENT SIGNATURE:	Date:
PRINTED NAME:	

MASSAGE. TAILORED AROUND YOUR NEEDS.