



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. The massage therapist does not diagnose illnesses/injuries or prescribe medications.
4. I have clearance from my physician to receive massage therapy.
5. The risks associated with massage therapy include – but are not limited to:
 - a. Superficial bruising
 - b. Short-term muscle soreness
 - c. Exacerbation of undiagnosed or undiscovered injury or illness.

I, therefore, release and hold harmless, the individual massage therapist and Seva Bodywork, LLC, from all liability concerning these injuries that may occur during the massage session.

6. I am responsible for informing my 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(s).
7. It is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so she may adjust accordingly.
8. Both the massage therapist and I may end the session and/or leave the treatment room and/or building at any time for any reason.
9. I have been given the opportunity to ask questions about the massage therapy session and my questions have been answered.

CLIENT SIGNATURE: _____

Date: _____

PRINTED NAME: _____

MASSAGE. TAILORED AROUND YOUR NEEDS.