

MASSAGE THERAPY INFORMED CONSENT

BY SIGNING THIS FORM, YOU AGREE TO THE FOLLOWING:

- I UNDERSTAND THAT THE MASSAGE SERVICE OFFERED IS FOR THE THERAPEUTIC PURPOSE OF GENERAL WELLNESS, STRESS REDUCTION, AND RELIEF OF MUSCULAR TENSION.
- I UNDERSTAND THE BODY SOMETIMES REQUIRES MULTIPLE SESSIONS IN ORDER TO ACHIEVE GOALS.
- INFORMATION ABOUT MASSAGE THERAPY, POTENTIAL BENEFITS, EFFECTS, RISKS, CONTRAINDICATIONS, AND POSSIBLE ALTERNATIVE THERAPIES HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THIS INFORMATION. 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 HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT MASSAGE THERAPY AND MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.
- IF I EXPERIENCE ANY PAIN OR DISCOMFORT, I WILL IMMEDIATELY INFORM MY THERAPIST SO THAT THE PRESSURE OR TECHNIQUES CAN BE ADJUSTED TO MY COMFORT LEVEL. I WILL NOT HOLD MY MASSAGE THERAPIST RESPONSIBLE FOR ANY PAIN OR DISCOMFORT I EXPERIENCE DURING OR AFTER THE SESSION.
- I HAVE PROVIDED MY THERAPIST WITH AN ACCURATE AND COMPLETE MEDICAL HISTORY AND AGREE TO INFORM MY THERAPIST OF ANY NEW DIAGNOSES, OR CHANGES IN MY HEALTH OR MEDICATIONS.
- I DO NOT HAVE ANY INJURIES OR CONDITIONS THAT PREVENT ME FROM RECEIVING MASSAGE THERAPY.
- I UNDERSTAND THE IMPORTANCE OF INFORMING MY MASSAGE THERAPIST OF ALL MEDICAL CONDITIONS AND MEDICATIONS THAT I AM TAKING, AND THAT THERE MAY BE ADDITIONAL RISKS BASED ON MY PHYSICAL CONDITION.
- I UNDERSTAND THAT I OR THE MASSAGE THERAPIST MAY TERMINATE THE SESSION AT ANY TIME.
- ANY ILLICIT OR SEXUAL SUGGESTIVE REMARKS OR ADVANCES WILL RESULT IN IMMEDIATE TERMINATION OF THE TREATMENT WITH NO REFUND OF PAYMENT.
- I RELEASE THE MASSAGE THERAPIST AND BUSINESS FROM ALL LIABILITY FOR ANY HARM THAT MAY UNINTENTIONALLY RESULT FROM THIS TREATMENT.

I FURTHER UNDERSTAND THAT MASSAGE THERAPY IS NOT A SUBSTITUTE FOR A MEDICAL EXAMINATION OR TREATMENT, AND THAT I SHOULD SEE A PHYSICIAN OR OTHER QUALIFIED HEALTH SPECIALIST FOR ANY MENTAL OR PHYSICAL AILMENT OF WHICH I AM AWARE. I UNDERSTAND THAT MASSAGE THERAPISTS DO NOT DIAGNOSE ILLNESS OR DISEASE, AND NOTHING SAID DURING THE TREATMENT SHOULD BE CONSTRUED AS SUCH. MY CONSENT IS INFORMED AND VOLUNTARY AND I UNDERSTAND THAT I MAY WITHDRAW MY CONSENT AT ANY TIME EXCEPT FOR ACTIONS ALREADY TAKEN.

***PRIOR TO THE MESSAGE: REMOVE ALL JEWELRY, WATCHES, AND PLEASE WASH OFF ANY FRAGRANCE PERFUME OR DEODORANT BEFORE THE SESSION.**

BY SIGNING THIS FORM, I AGREE TO THE CONDITIONS AS OUTLINED ABOVE, AND I RELEASE THE MASSAGE THERAPIST AND BUSINESS FROM ALL LIABILITY FOR ANY HARM THAT MAY UNINTENTIONALLY RESULT FROM THIS TREATMENT.

CLIENT NAME (PLEASE PRINT)

DATE

CLIENT SIGNATURE

Please return to:
Tranquil Healing OC
tranquilhealingoc@gmail.com