

NeuroMuscular Pain and Wellness Center LLC Waiver Form

I _____ (print name) understand that NeuroMuscular Therapy, CranioSacral Therapy and Massage Therapy are intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience through light touch and soft tissue manipulation. As is the case with any physical and therapeutic treatments, the rare risk of injury such as minor, serious, disabling or death cannot be entirely eliminated. I assume full responsibility for any and all damages, which may incur through treatments.

The general benefits of Massage, CranioSacral and NeuroMuscular Therapy as well as possible massage contraindications and the treatment procedure have been explained to me. I understand that these treatment therapies are not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval for treatments from NeuroMuscular Pain and Wellness Center. I affirm that I alone am responsible to decide whether to seek Massage, NeuroMuscular Therapy and CranioSacral Therapy at my own risk. If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so the treatment can be adjusted. I understand and agree to abide by the therapist's policies. I will not hold NeuroMuscular Pain and Wellness Center LLC or the therapist responsible for any personal injury and hereby agree to irrevocably release and waive any and all claims which I may have against the company and the Agents. I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Arizona.

Signature: _____ **Date** _____