

SPEENO Massage Therapy Consent Agreement

By signing below, I acknowledge and agree to the following:

1. I willingly request and give my consent to receive massage therapy services at Speeno.
2. I understand that the purpose of the massage therapy provided by Speeno is to promote general well-being, reduce stress, and alleviate muscular tension.
3. I confirm that I do not have any injuries or conditions that would prevent me from receiving massage therapy. I understand the importance of informing my therapist at Speeno about any medical conditions or medications I am currently taking, as they may impact the safety and effectiveness of the session.
4. If I feel any pain or discomfort during the session, I will notify my therapist immediately so that adjustments can be made to ensure my comfort. I agree not to hold the therapist at Speeno responsible for any discomfort or pain I may experience during or after the session.
5. I acknowledge that there are risks associated with massage therapy, which may include, but are not limited to:
 - Temporary bruising
 - Mild muscle soreness
 - Aggravation of undiagnosed injuries
6. I confirm that I do not have any contagious conditions that could potentially harm my therapist or other clients.
7. I understand that either I or the therapist may end the session at any time, if necessary.
8. I have been provided the opportunity to ask questions about the massage therapy process, and any questions I had have been answered.
9. I have been informed of the relevant policies and procedures related to massage therapy at Speeno, and I fully understand them.

I have received information about the benefits of massage, potential contraindications, and alternative treatment options. I understand that massage therapy is not a replacement for medical treatment, and I should seek medical advice for any health concerns. I also understand that Speeno therapists do not diagnose medical conditions, and no part of the massage should be interpreted as such.

My consent is given freely and with full understanding, and I am aware that I may withdraw my consent at any time, except for any actions already performed during the session.

Client name: _____

Date signed: ____ / ____ / ____

Client Signature: _____

