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.

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☐ **Yes, I'd like to receive SPEENO updates by email.**

Client name: _____ **Date signed:** _____ / _____ / _____

Client Signature: _____