



Massage Client Release Form

I understand that the massage session given here is for stress reduction, health aid or for increased circulation and energy flow. I understand that the massage therapist does not diagnose illness, disease, or any physical or mental disorder. As such the massage therapist does not prescribe medical treatment or pharmaceuticals. It has been made clear to me that this session is not a substitute for a medical examination and/or diagnosis and it is recommended that I see a physician for any physical ailments I may have. I have stated all my known medical conditions on the Client Intake Form and keep it upon myself to keep the massage therapist updated on my physical health. By signing this release, I hereby waive and release the massage therapist from all liability past, present, and future.

Client Name (please print)_____

Client signature_____Date_____

Therapist_____Date_____

Consent to Treatment of Minor

By my signature below, I hereby authorize a State Certified Massage Therapist to administer a massage session to my child or dependent, as they deem necessary.

Guardian Name (please print)_____Date_____

Guardian Signature_____Date_____