

Print Patient Name: _____

General Liability Release Form

By signing below, you agree to the following:

1. I give my permission to receive massage therapy.
2. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
3. I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
4. I have clearance³ from my physician to receive massage therapy.
5. I understand the risks associated with massage therapy include, but are not limited to:
 - a. Superficial bruising
 - b. Short-term muscle soreness
 - c. Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

6. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
7. I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
8. I understand that I or the massage therapist may terminate the session at any time.
9. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Client Signature

Date