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## Massage Chair Use Waiver & Health Acknowledgement

### 1. Voluntary Use

I understand that use of a massage chair is voluntary and that I am choosing to participate at my own discretion and risk.

I acknowledge that massage chairs are designed for relaxation and wellness purposes only and are not intended to diagnose, treat, cure, or prevent any medical condition.

### 2. Health Acknowledgement

I confirm that I do not suffer from any medical condition that may make use of a massage chair unsafe, including but not limited to:

- Heart conditions
- Pacemaker or implanted medical devices
- Pregnancy
- Epilepsy or seizures
- Osteoporosis
- Recent surgery or injury
- Spinal or neck conditions
- Blood clotting disorders
- Severe chronic pain conditions
- Any condition advised against massage therapy by a medical professional

### 3. Assumption of Risk

I acknowledge that use of a massage chair may involve risks including muscle soreness, aggravation of pre-existing injuries, dizziness, discomfort, bruising, or pressure sensitivity.

I agree to immediately stop using the massage chair if I experience pain, discomfort, dizziness, or any adverse symptoms.

## 4. Release of Liability

To the fullest extent permitted by Australian law, I release and discharge Elite Massage Chairs, its owners, employees, contractors, affiliates, and representatives from any liability, claims, damages, injuries, or losses arising from or connected with my use of the massage chair.

## 5. Personal Responsibility

I acknowledge that I am responsible for monitoring my own physical condition during use, following all instructions provided, and not misusing the massage chair.

## 6. Minors

Users under 18 years of age must have consent from a parent or legal guardian before using the massage chair.

## 7. Privacy

Any personal information collected on this form will be handled in accordance with applicable Australian privacy laws.

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### Customer Acknowledgement

I confirm that I have read and understood this waiver, voluntarily agree to these terms, understand the risks associated with massage chair use, and accept full responsibility for my participation.

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Staff Use Only

Location: \_\_\_\_\_

Staff Member: \_\_\_\_\_

Session / Demonstration Notes:

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