# PRESTIGE MASSAGE LLC – CLIENT AGREEMENT

Updated 5/3/26

I understand that while massage has many benefits that this massage is not intended to diagnose, treat, cure, or prevent any medical conditions.

I understand that depth of pressure can always be adjusted and I agree to be vocal about my need for more or less pressure during the massage so the therapist can adjust accordingly. I understand that deep pressure and more advanced work may cause soreness lasting for a few days following the massage, in rare cases up to a week, and that deep pressure may not be right for everyone, especially during the first session after a prolonged period without massage.

I have a clean and accessible space to comfortably fit a massage table and allow room to walk around it (approximately 6x7' space). I understand that the massage table will leave indents in carpet and that the distributed weight over four legs can be a lot for some types of flooring.

I understand that this massage will use coconut, sweet almond, additional oils and natural ingredients. I will make known to the therapist any possible allergies before scheduling an appointment. I also understand that though not intentional, some oil may end up on the floor or on anything within a few feet of the massage table. This oil may potentially damage these items/surfaces.

I understand that health and cleanliness are of the utmost importance and will provide a safe and relaxing environment including but not limited to removing any danger and/or unpleasantness: smells, lighting, noise, intrusive/aggressive pets, etc.

I will make known any medical conditions that are relevant and may be contraindicative to massage including current medications and health conditions. I understand that the therapist is not a physician and I agree to consult my primary care physician before getting a massage if medical safety is in any way in question.

I understand that the privacy of all medical information is protected by HIPAA and will not be shared with anyone. I acknowledge that this document and any relevant notes/information are available to me on request. I agree to communicate all related issues with my licensed massage therapist before, during, and/or after the massage and to mediation for any dispute that may arise.

I understand that any and all sexual misconduct is strictly prohibited by law and will not be tolerated. Harassment will be reported.

_____ _____

Printed Name Date

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Signature