

Client Name: _____ Age ____ Phone: _____

Confidential Informed Consent Medical Release Liability Waiver

1. I understand that consultants, educators, personal trainers, massage body workers, and holistic practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage and alternative holistic therapies are not substitutes for medical treatment, and that Kainetics, LLC, “the company”, Kaihlil Nigro”, recommends I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session. I do not have any injuries or conditions that would prevent me from receiving a massage, nor have I been told by a health care provider that I should not receive massages or alternative therapies i.e. cupping, taping.

2. I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand my massage therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session. I understand and will respect Kainetics, LLC, “the company”, Kaihlil Nigro” as a health professional.

3. Any information exchanged during a massage or body work session is confidential and is only used to provide me with the best health care services available. I understand that a consultant and massage therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.

4. I understand that my feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my massage session, it is my responsibility to inform the therapist in order to enable the therapist to adjust the pressure or technique being used and similarly during movement screening and programs.

5. The therapist reserves the right to decline, discontinue, or restrict services based on any provided information that may indicate that consultation and or massage therapy would put my health or the therapist’s health at risk.

6. I acknowledge that I am responsible for being on time for my appointments and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible for paying for the full time I have booked with the therapist if I am late. I understand that my appointment time is reserved for me only. If I miss an appointment or am unable to give forty-eight (48) hours’ notice when I need to change or cancel my appointment, I agree to pay the company in full for the booked appointment time. I further understand that I will be additionally charged a \$30.00 fee for any returned checks. (Generally mute as checks are rarely used as payment)

7. I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation and improvement of circulation and energy flow.

8. I understand that the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations.

9. I understand that the services offered today, and in the future, are not a substitute for medical care and that any information provided to me by the therapist is purely for educational purposes and is not diagnostically prescriptive in nature, unless referred to by or directed by a physician, osteopath, chiropractor, or other doctor.

10. I have stated all my known medical conditions on the **Client Intake form**. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions. _____ (initial)

11. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health and I further understand that the company and the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.

12. I have reviewed this form in its entirety, and I have discussed all my concerns regarding my treatment with my therapist.

ACKNOWLEDGEMENT SECTION CLIENT: By signing this “Informed Consent and Wavier”, I consent to receive therapy at Kainetics, LLC, “the company, Kaihlil Nigro” and hereby agree to all policies Kainetics, LLC, “the company, Kai Nigro”, and waive Kainetics, LLC, “the company, Kai Nigro” and its entire staff, massage therapists, and body work practitioners from any and all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the Company relating to consultation, education offered, self-care offered, massage therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, neuromuscular, cupping, taping, gua sha, craniosacral therapy, myofascial release therapy, trigger point therapy, personal training, stretching therapy, strength and condition training, among all others services provided. I further undertake to indemnify and hold Kainetics, LLC, “the company, Kai Nigro” harmless from any incident(s) arising from my use of the Kainetics, LLC, “the company, Kai Nigro” services.

I agree to and acknowledge the foregoing on this day of _____, 20____

(Signature)

(Printed Name)

(Street Address)

(City) (State) (Zip Code)

(Telephone Number)

(Email)

Draping will be used during the session – only the area being worked on will be uncovered. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, osteopath, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. Additionally, I will hydrate, rest, and stretch as suggested by Kainetics©, LLC, "the company", "Kai Nigro".

Signature of client _____ (date) & Signature of (Massage) Therapist / Consultant _____

Are you under age 18? ☐ Yes ☐ No PARENT/GUARDIAN WAVIER FOR MINORS:

If the client is less than 18 years old, the Client's parent and natural guardian hereby represents that he/she is, in fact, acting in that capacity, has consented to his/her child or ward's availing of the services of Kainetics, LLC, "the company", "Kaihlil Nigro", and has agreed individually and on behalf of the child or ward, to the terms of this "Informed Consent and Wavier". The undersigned parent or guardian further agrees to save and hold harmless and indemnify Kainetics, LLC, "the company", "Kai Nigro" from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon Kainetics, LLC, "the company", "Kai Nigro" relating to consultation, personal training, educational tutorial and or instructional information offered, i.e. self-care therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, neuroskeletal work, all forms of kinesiology, aromatherapy, craniosacral therapy, myofascial release therapy, trigger point therapy, stretching therapy, strength and condition training, among others, like taping, on behalf of the Client and all of the Client's parents or legal guardians. I agree to and acknowledge the foregoing on this day of _____, (month & date) _____/_____/2025

This agreement extends to locations of rendered service, be they for education, consultation, or research.

(Signature)

(Printed Name)

(Street Address)

(City) (State) (Zip Code)

(Telephone Number)

(Email)

Therapist/Service Provider: Kainetics, LLC, "the company", "Kahlili Nigro"