

## Informed Consent Form

I, \_\_\_\_\_, have received and reviewed the Policy Statement for OneTrueWater /Therapeutic Touch with Scott Belanger, LMT and I understand these policies. The massage procedures, information about massage in general, including benefits and contraindications and possible alternatives have been explained to me. I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.

I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

I understand that the purpose of the massage I receive is for stress reduction and relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform him so that the pressure or methods can be adjusted to my comfort level.

I understand that massage professionals do not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such.

I acknowledge the massage is not a substitute for medical examination or diagnosis and that I should see a healthcare provider for those services. Because massage should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional from any liability if I fail to do so.

Client's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Therapist's Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Consent to Treat a Minor

By my signature I authorize \_\_\_\_\_ to  
provide therapeutic massage to my child or dependent.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_