

KINSINT LLC *RELAXATION SERVICE WAIVER FORM*

If you have a medical or physical ailment condition, or specific symptoms, KinSint Relaxation Services may be problematic for you. Services are not conducted by a licensed massage therapist, and so you receive service at your own risk and discernment.

I, _____, understand that the treatment I receive is for the basic purpose of relaxation and relief of negative energy. If at any point during the service I am uncomfortable or uneasy with the service being administered, and/or if I experience pain, I understand it is my responsibility to IMMEDIATELY inform the performer so that the service can be terminated, or the strokes and pressure can be adjusted to a level of comfort. I further understand that *KinSint LLC* relaxation services and its affiliates is not a substitute for a medical examination, diagnosis, or treatment. I, therefore release *KinSint LLC* and its affiliates of any legal, financial, or medical responsibility and obligation that may result in receiving services. I therefore give consent to KinSint LLC to perform relaxation services without penalty.

- 1) Please provide feedback as to pressure (deeper or lighter, faster or slower) and discuss painful or ticklish areas of your body and areas on concentration.
- 2) Feel free to ask questions about the service. KinSint LLC's intent is to pour positive energy into its customers, and push the negative energy out, and we will be happy to make you well informed and comfortable before, after and throughout the session.
- 3) Any illicit or sexually suggestive remarks or advances will result in immediate termination of the treatment.
- 4) Payments are final and non-refundable.

Customer Signature: _____ Date: _____