

BODY ESSENCE MASSAGE THERAPY INC.

INFORMED CONSENT

I understand that the massage therapist is providing massage therapy services within their scope of practice. I hereby consent for my therapist to treat me with massage therapy for the above noted purposes including such assessments, examinations, and techniques, which may be recommended, by my therapist. I clearly understand that Massage Therapy is not a substitute for a medical examination, a diagnose illness, physical disease or mental disorder. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my treatment will be stopped.

I have read and answered the COVID-19 Pre-screening evaluation to my best knowledge. I understand if I have displayed any related COVID-19 symptoms on the treatment day, my treatments will be immediately ceased, and I will be responsible to pay a full charge of the treatment session. Cancellation requires 24 hour prior to the appointment, otherwise, there will be a \$50 fee charged.

Client Name: _____

Signature of Client: _____

Date: _____