



Client Waiver

1. I understand that although massage therapy can be therapeutic, relaxing and reduce muscular tension, it is not a substitution for medical examination, diagnosis and treatment.
2. If I feel any pain or discomfort during this session, I will immediately inform the practitioner so the pressure and/or strokes can be adjusted to my level of comfort.
3. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
4. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.
5. I agree to give 24 hour notice for a scheduled session that I cannot keep. I am aware that I may be charged a \$25 fee for any missed sessions or for sessions that I do not give 24 hour notice to cancel or reschedule and will have to be paid before my next session can begin.

Client Signature _____ Date _____

Consent to treatment of a minor

By my signature below, I hereby authorize Jesse Hammond to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____