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Hot Stone/Warm Bamboo Massage Release Form

Hot Stone/Warm Bamboo Massage Contraindications

Hot stone and warm bamboo massage are not suitable for everyone. There are risks associated with performing hot stone and warm bamboo massage on individuals with the following conditions.

You must inform your massage therapist/practitioner if you have any of the following conditions which may make hot stone massage or warm bamboo massage contraindicated or may require your therapist/practitioner to alter the massage.

- | | |
|--|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Blood clot(s) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Inflammatory skin conditions | <input type="checkbox"/> Autoimmune condition (MS, Lupus, RA, etc.) |
| <input type="checkbox"/> Open wounds or sores | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Hypotension or Hypertension | <input type="checkbox"/> Heat sensitivity |
| <input type="checkbox"/> Cancer (with or without treatment) | <input type="checkbox"/> Compromised immune system |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Edema or Lymphedema |
| <input type="checkbox"/> Under the influence of drugs or alcohol | <input type="checkbox"/> Cardiovascular disease |

Client's Release

I, _____, have read and understand the aforementioned conditions which make hot stone massage or warm bamboo massage contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors.

Please check the following that applies to you.

☐ I understand the information contained on this form and confirm that I do not have any of the above conditions.

☐ My condition(s) of _____ is/are listed above and therefore make(s) hot stone massage or warm bamboo massage contraindicated. Given this knowledge I hereby give my full consent to receive hot stone massage or warm bamboo massage and take full responsibility of any side effects or harm that may come from my receiving hot stone massage or warm bamboo massage.

I understand that I will be receiving hot stone massage or warm bamboo massage as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____

Date _____