Clients Name: _____

Birthday: _____ Today's date: _____

Waiver and Informed Consent

Please take a moment to read and sign the following information

Waiver and Informed consent

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, o treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- It is my choice to receive massage and I am aware of the benefits and risks of massage.
- I understand that there is no implied or stated guarantee of success of effectiveness if individual techniques or series of appointments.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork and give my consent to receive massage and bodywork.

I affirm that I have read the statement above and agree to all the policies.

Signature: _____ Date: _____
Signature of parent or legal guardian (if client is a minor) _____ Date: _____

Assignment of Benefits

I am responsible for all charges and services provided in the unfortunate event that my insurance company denies payment or makes a partial payment. I am responsible for any balance due. If you, my massage therapist has contracted with my insurance company at a discount rate for services, the amount remaining will be waived and I will not be asked to pay the balance.

I authorize and direct payment of medical benefits to my massage therapist, RoseAnne Lawrence, for services billed.

Signature: _____ Date: _____
Signature of parent or legal guardian (if client is a minor) _____ Date: _____

Release of Medical Records

I authorize the release of medical records or other health care information, including intake forms, chart noted, reports, correspondence, billing statements, and other written information to my healthcare providers, attorneys, and insurance case managers for the purpose of processing my claims.

Signature: _____ Date: _____
Signature of parent or legal guardian (if client is a minor) _____ Date: _____

Contract for Care

I will participate fully as a member of my healthcare team. I will make sound choices regarding my sessions' plan based upon the information provided by my massage therapist. I agree to participate in my own self-care programs and adhere to the plan we select. I agree to communicate with my practitioner any time I feel my well-being is being compromised. I expect my practitioner to provide safe and effective treatment to the best of his or her skills and knowledge.

Signature: _____ Date: _____
Signature of parent or legal guardian (if client is a minor) _____ Date: _____