

Massage Liability Release form

By signing this form, you agree to the following:

- I understand that the massage service offered is for therapeutic purpose of relief of soft tissue pain, muscular tension, stress reduction and for general wellness.
- Information about massage therapy, potential benefits, effects, risks and contraindications have been explained to me and I understand this information. I understand the risks associated with massage therapy, but are not limited to: superficial bruising, short-term muscle soreness, exacerbation of undiscovered injury.
- I have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.
- If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or technique can be adjusted to my comfort level. I will not hold my massage therapist responsible for pain or discomfort I experience during or after the session.
- I have provided my therapist with an accurate and complete medical history and agree to inform my therapist of any new diagnoses, or changes in my health or medication.
- I do not have injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking and that there may be additional risks based on my physical condition.
- I understand that I or the massage therapist may terminate the session at any time.
- I release the massage therapist and business from all liability for any harm that may unintentionally result from the treatment.

I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form I agree to the conditions as outlined above, and I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

Client name (please print)

Date

