# ■ Massage Therapy Waiver & Consent ■

**Celestial Chakra Wellness**

**A sanctuary for body, mind, and spirit**

Please read and sign below prior to your session.

### *Client Acknowledgment & Consent*

I understand that massage therapy is a holistic practice intended to support relaxation, stress relief, and general well-being. I acknowledge and agree to the following: Massage therapists do not diagnose illness, disease, or other physical or mental conditions. Massage is not a substitute for medical treatment, examination, or diagnosis by a licensed healthcare professional. It is my responsibility to inform the therapist of any medical conditions, injuries, or areas of concern prior to the session. I release **Celestial Chakra Wellness** and its therapists from any liability for injury, burns, or adverse reactions that may occur during or after treatment. I understand that results may vary and no guarantees are made regarding the outcome of my session.

### *Contraindications*

I have disclosed all relevant health conditions, including but not limited to: pregnancy, recent surgery, skin sensitivities, cardiovascular issues, or use of medications that may affect treatment.

### *Informed Consent*

By signing below, I confirm that I have read, understood, and voluntarily agree to the terms of this waiver. I consent to receive massage therapy and acknowledge that I may stop the session at any time.

Client Name: _____

Signature: _____

Date: _____

■ Thank you for allowing Celestial Chakra Wellness to be part of your healing journey. ■