

Trinity Massages LLC  
Leenah Verbanac LMT \*  
(509) 844-7361

### MESSAGE GENERAL LIABILITY FORM

I have been advised of the policies and procedures pertaining to massage. I understand and agree to these policies. The massage procedures, information about massage in general, benefits and contraindications of massage, and possible alternative therapies have been explained to me.

By signing below, you agree to the following:

1) I give my permission to receive massage therapy. 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications. 4) I have clearance from my physician to receive massage therapy. 5) I understand the risks associated with massage therapy include, but are not limited to: • Superficial bruising • Short-term muscle soreness • Exacerbation of undiscovered injury I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session. 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition. 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly. 8) I understand that I or the massage therapist may terminate the session at any time. 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in **immediate termination** of the session and session will be **paid in full**. I also understand the Licensed Massage Therapist reserves the right to refuse or terminate anyone whom she considers to have a condition for which massage is contraindicated.

---

Signature of Patient

---

Date