

# Hot Stone Massage Release Form

I, \_\_\_\_\_, hereby request and consent to the performance of hot stone massage on myself by Leenah Verbanac LMT. I understand that hot stone massage involves heating stones, then using those stones during the course of a massage either by the massage therapist placing those stones on me with a thick barrier between myself and the hot stones to warm and relax muscles, or by the massage therapist holding those stones in their hand and then massaging me with the stones. I understand that :

1. Hot stone massage is a generally safe method of massage, but that it may have some side effects, including burns or related scarring as a result of contact with the hot stones on my skin.
2. A variety of medical conditions which I might have, and which my therapist has neither the training nor the legal right to interpret, could increase the risk of burns for me.
3. The sensitivity of my skin type may also impact risk associated with burns and scarring.
4. Certain medications can make a person more sensitive to heat exposure.
5. I understand that I will need to keep open communication with the massage therapist through the massage and let the therapist know if I feel any discomfort.

## **Contraindicated for Hot Stone massage**

- Any condition where you have loss of sensation
- Neuropathy, uncontrolled /Advanced Diabetes, High Blood Pressure or Post Surgery (within 2 months), recent car accident ,soft tissues injury
- Open wounds, scabbing
- Injury due to trauma where nerves have been affected
- Pregnancy due to the rise in body temperature
- Cardiac patients
- If taking medication that is affected by heat
- Under treatment of chemotherapy or radiation
- Depressed immune system: Lupus, Epstein Barr, Mono, Aids, Cancer etc.
- Rheumatoid Arthrities
- Psoriasis, Skin Cancer, Burns, Dermatitis, Eczema, Acne, Shingles, Herpes or any Acute Skin Condition
- **When in doubt, “DON’T”**

I hereby acknowledge that I have read and understand the risk and wish to allow the massage therapist to use Hot stone in my treatment . I do not hold the therapist responsible for any injury caused by the hot stone massage. By signing I acknowledge that I am not contraindicated for massage / the use of hot stone use.

Date :

Signature :