



ENVIVO HEALTH  
MASSAGE THERAPY

**Client Consent, & Liability Release Form**  
*Informed Consent and Agreement for Massage Therapy Services*

Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### **I. Scope of Practice & Client Acknowledgment**

I understand that the massage therapy services provided by Envivo Health Massage Therapy (hereafter "Envivo Health") are intended for the purpose of stress reduction, relief from muscular tension, and improvement of circulation and range of motion. I acknowledge that massage therapists do not diagnose illness, disease, or any physical or mental condition; nor do they prescribe medical treatment or perform spinal manipulations.

I affirm that I have notified the massage therapist of all known medical conditions, medications, injuries, and allergies, and I will inform the therapist of any changes in my health status going forward.

### **II. Consent to Treatment**

I give my voluntary consent to receive massage therapy services from Envivo Health and its massage therapist(s). I understand that massage is entirely voluntary and I may ask the therapist to adjust pressure, technique, or terminate the session at any time.

I understand that appropriate draping will be used at all times, and that professional boundaries will be maintained throughout the session.

### **III. Release of Liability**

I hereby release, waive, discharge, and hold harmless **Envivo Health Massage Therapy**, its owner(s), employees, contractors, and massage therapist(s), from any and all liability, claims, demands, causes of action, or damages resulting from or related to my participation in massage therapy sessions. This includes but is not limited to injury, aggravation of existing conditions, allergic reaction, or unforeseen outcomes as a result of the session.

I understand that massage therapy is not a substitute for medical care, examination, or diagnosis and that it is my responsibility to consult a physician for any medical concerns I may have.

#### IV. Fee Agreement & Cancellation Policy

I understand and agree to the following policies:

- **Session Fee:** I agree to pay the full fee for massage therapy services as discussed and agreed upon prior to my session. Payment is due at the time of service unless otherwise arranged.
- **Late Arrival:** If I arrive late to my appointment, I understand that my session may be shortened in order to accommodate others, and I will still be responsible for the full session fee.
- **Cancellation/No-Show Policy:** I agree to give **at least 24 hours' notice** to cancel or reschedule an appointment. If I cancel with less than 24 hours' notice or do not show up for my scheduled appointment, I understand I will be charged a **cancellation fee equal to 50–100% of the session fee**, at the discretion of Envivo Health Massage Therapy.
- **Repeat Violations:** Repeated no-shows or late cancellations may result in the inability to book future appointments.

**If Envivo Health Massage Therapy initiates the cancellation, no cancellation fee will be charged to the client. If the therapist is late, the full session time will be honored or made up accordingly.**

#### V. Agreement and Signature

By signing below, I acknowledge that I have read, understood, and voluntarily agree to all the terms outlined above. I affirm that all the information provided is accurate to the best of my knowledge.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_