



Soothing Canna Mobile Massage Massage Client Waiver Form

Please take a moment to read and initial the following statements

___ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

___ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

___ I affirm that I have notified my therapist of all known medical conditions, injuries and surgeries.

___ I agree to inform the therapist to any changes in my health and medical conditions. I understand that there should be no liability on the therapist's part should I forget to do so.

___ I understand that massage is entirely therapeutic and non-sexual in nature. That if at any time any sexual advancements or suggestions are made towards the therapist the session will be terminated. You will be charged full price of treatment and a refund will not be issued.

___ By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

___ I acknowledge that Therapist at Soothing Canna Mobile Massage use products containing CBD and THC. I am aware the effectiveness of the product varies from client to client. I also verify that I am at least 21 years of age and am legally able under California State law to experience this product.

Information and suggestions

Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.

In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a garment of a swimsuit. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.

Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have received the policy statement and have read and agree to the policies therein.

Client Name: _____ Client Signature: _____

Date: ____/____/____ Therapist Signature: _____