Client Consent, Authorization and Acknowledgment Form

1. **Select the type of massage you want**

- Deep tissue massage
- Swedish massage
- Hot stone massage

_____

2. Is there any area on the body you want me to avoid massaging, example (if you had surgery, injury, medical conditions or sensitivity etc) if so, please list below

_____

3. **Duration of session**

   30 mins, 45 mins, 60 mins, 90 mins

   _____

4. If you are allergic to any essential oil like (Lavender, Tea Tree, Eucalyptus, Rosemary, Chamomile etc..) OR any carrier oil like Almond, Coconut, Jojoba, Grapeseed oil etc..
   Please let me know.

   _____

Risks, Complications & Side Effects

Deep tissue Massage involves the pressing and kneading of muscles and fascia with the intention of helping improve circulation, relieve muscle tension, spasm, and to help facilitate healing and relaxation. However some discomfort is possible, both during and after the treatment like muscle spasm, swelling, aching, bruising.

Please give me 24 hours notice if you’re cancelling. No communication will result in no future bookings or an extra deposit fee for future bookings.

Clients personal information and sessions are private and confidential.

By acknowledging this letter you voluntarily agree and give consent to the masseuse to provide the type of massage you requested.
You acknowledge and understand that the masseuse must be fully aware of your existing medical conditions and/or injuries. I have completed the client consent, authorization and acknowledgment form and disclosed all of those medical conditions and/or injuries affecting me. It is
my responsibility to update the masseuse on my medical history and/or injuries on my body so that she may avoid or work around such areas. The information I have provided is true and complete to the best of my knowledge.

Liability Waiver: An aromatherapy massage is not a substitute for medical diagnosis or treatment and releases the masseuse from liability for adverse reactions.

Print Name: _____

Date: _____

Sign: _____