

General Liability Release Form

By signing below, you agree to the following:

- 1) I understand that clinical/therapeutic massage is not a substitute for traditional medical treatment or medications.
- 2) I have clearance from my physician to receive massage therapy.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
- 4) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury
 - Transmission of cold/flu and other communicable diseases

I therefore release the company and the individual massage therapist from all liability concerning these potential injuries and risks that may occur during the massage session.

- 5) 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.
- 6) 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.
- 7) I understand that I or the massage therapist may terminate the session at any time.
- 8) I have been given a chance to ask questions about the massage therapy sessions and my questions have been answered.
- 9) I understand that due to the close contact nature of massage therapy, which involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.
- 10) I have provided informed consent to receive massage therapy treatment.

Signature

Date