General Liability Release Form

By signing below, you agree to the following:

1) I give my permission to receive massage therapy.
2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
3) I understand that the massage therapist does not diagnose illnesses or injuries or prescribe medications.
4) I have clearance from my physician to receive massage therapy, if needed.
5) I understand the risks associated with massage therapy include, but are not limited to:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of undiscovered injury

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

6) 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.
7) 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.
8) I understand that I or the massage therapist may terminate the session at any time.
9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
10) Due to the close nature of massage, I attest that I have not tested positive within the last 10 days. I understand the symptoms of Covid-19, the proper protocol, and will reschedule my appointment if it becomes necessary.

_____ _____
Signature **Date**

If you have a preference as to how you would like to be contacted, please check which one below:

___ Text Message
___ E-mail
___ Phone call