

Massage Therapy Consent and Release Form

By signing below, you agree to the following:

- ◆ I voluntarily request and consent to receiving massage therapy.
- ◆ I understand that the massage service offered is for the purpose of general wellness, stress reduction, and relief of muscular tension only.
- ◆ I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- ◆ If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques used can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.
- ◆ I understand that I or the massage therapist may terminate the session at any time.
- ◆ I have been given the opportunity to ask questions about massage therapy and my questions have been answered.

I understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form, I give my consent to proceed with the massage services at Oak Haven Massage as outlined above.

Date: ____/____/____

Phone: _____

Client Name (Please Print): _____

Parent Signature (if client is 17 years or younger): _____