

## Informed Consent Form

Information provided on the Massage Intake Form is accurate to the best of my knowledge and I freely give my permission to be massaged. I agree to inform the therapist of any experience of pain during the session. I understand this does not deter me from seeking medical treatment for medical conditions. I understand that no inappropriate comments or conduct will be tolerated. Any indication of such behavior will automatically end the session.

I agree to update the massage therapist in regards to changes in my health and understand that there shall be no liability on the therapist's part should I forget to do so. I agree to handle suit at its sole expense and agree to bear all costs related even if claims, etc. are groundless, false, and fraudulent.

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I understand that massage therapy and bodywork are for the purpose of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.

I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals, nor does she perform any spinal manipulations. It has been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

I understand that services offered today, and in the future, are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically perspective in nature.

I have stated all of my known medical conditions on the intake form. I have consulted a medical doctor or licensed medical health care practitioner regarding these conditions.

I realize it is solely my responsibly to keep the bodywork practitioner updated on any changes in my physical health, and I understand that the practitioner shall not be liable should I fail to do so.

I agree to actively participate, as much as possible, in my own healing and health maintenance.

I have read and agree to all of the conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature if under 18 \_\_\_\_\_