GENERAL LIABILITY RELEASE FORM
MASSAGE THERAPY SERVICES

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/healthcare provider to receive massage therapy.
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.

Print Name _____
Date _____
Signature_____