

GENERAL LIABILITY RELEASE

By signing below, I agree to the following:

1. I give my permission to receive massage or bodywork therapy.
2. I understand that massage and bodywork is not a substitute for traditional medical treatment or medications.
3. I understand that a massage therapist cannot diagnose illnesses or injuries or prescribe medications.
4. I have clearance from my physician to receive massage or bodywork therapy.
5. I understand the risks associated with massage or bodywork therapy include, but are not limited to:
 - a. Superficial bruising
 - b. Short-term muscle soreness
 - c. Exacerbation of undiscovered injury

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

6. I understand the importance of informing my massage and bodywork 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 or bodywork session so that 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 or bodywork session and my questions have been answered.

CLIENT SIGNATURE

DATE