

Massage Therapy Consent and Waiver Form

Please read this document carefully. By filling out and signing this form, you acknowledge that you understand the nature of massage therapy and agree to the terms, waivers, and releases outlined below. This form must be completed prior to receiving treatment.

1. Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

2. Medical History & Health Information

Please note that massage therapy is not a substitute for medical examination, diagnosis, or treatment.

Do you have any current medical conditions or injuries? (Yes/No - Please specify):

Are you currently taking any medications? (Yes/No - Please list):

Do you have any skin allergies, sensitivities, or are you pregnant? (Please specify):

3. Informed Consent & Waiver of Liability

By signing below, you agree to the following terms:

- I understand that the massage therapy session is for the purpose of stress reduction, relief from muscular tension, spasm, or for increasing circulation and energy flow.
- I understand that massage therapists do not diagnose illness, disease, or any other physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals, or perform spinal manipulations.
- I acknowledge that massage therapy should not be construed as a substitute for medical examination or treatment. It is recommended that I see a physician for any physical ailments that I may have.
- I have stated all my known medical conditions and answered all questions honestly. I agree to keep the massage therapist updated as to any changes in my medical profile during this and future sessions.
- I understand that any illicit or sexually suggestive remarks or behavior will result in the immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.
- I hereby release, waive, and covenant not to sue the massage therapist, the clinic, and any affiliates from any and all liability, claims, demands, or causes of action arising out of any loss, damage, or injury that may be sustained while receiving treatment.

4. Signatures

I acknowledge that I have read, understood, and agree to the terms of this Massage Therapy Consent and Waiver Form.

Client Signature (Print Name to Sign):

Date Signed:

Therapist Signature (For Office Use):

