

Waiver, Consent, General Liability Release Form

I am voluntarily seeking the services provided by Heart & Hands Therapeutic Massage, LLC.

- ☐ I give my permission to receive massage therapy treatment from Heart & Hands Therapeutic Massage, LLC. and I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- ☐ I have clearance from my physician to receive massage therapy.
- ☐ I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let Heart & Hands Therapeutic Massage, LLC know of any changes to these. I understand that there may be additional risks based on my physical condition.
- ☐ I understand the risks associated with massage therapy include, but are not limited to superficial bruising, short-term muscle soreness and exacerbation of undiscovered injury. I therefore release Heart & Hands Therapeutic Massage, LLC from all liability concerning these injuries that may occur during the massage session.
- ☐ I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so she may adjust accordingly.
- ☐ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and/or loss of massage service privileges. I also understand that the Licensed Massage Therapist of Heart & Hands Therapeutic Massage reserves the right to refuse to perform massage on anyone who he/she deems to have a condition for which massage is contraindicated..
- ☐ I understand that this release discharges and holds Heart & Hands Therapeutic Massage, LLC harmless from any liability claim that I, my heirs, or any personal representatives may have against Heart & Hands Therapeutic Massage, LLC with respect to any bodily injury, illness, death, medical treatment or property damage that may arise from, or in connection to, any services received by Heart & Hands Therapeutic Massage, LLC.
- ☐ I hereby release and agree to hold Heart & Hands Therapeutic Massage, LLC harmless from and waive on behalf of myself, my heirs and any personal representative, any and all causes of action claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused or may otherwise arise in any way in connection with any services received by Heart & Hands Therapeutic Massage, LLC.

Full Printed Name _____

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____