



GENERAL LIABILITY RELEASE FORM

By signing below, you agree to the following:

- I give my permission to receive Medical Massage Therapy. I understand that Therapeutic/Medical Massage is not a substitute for traditional medical treatment or medications. I understand that the Medical Massage Therapist does NOT diagnose illnesses or injuries, or prescribe medications.
- I have clearance from my physician to receive Medical Massage.
- I understand the risks associated with Medical Massage Therapy include, but are not limited to: Superficial bruising (from deep pressure), Short - term muscle soreness, Exacerbation of undiscovered injury.
- I therefore release the company and the individual Medical Massage therapist from all liability concerning these injuries that may occur during the rehab session.
- I understand the importance of informing my Medical Massage Therapist of all medical conditions and medications I am taking, and that the Medical Massage Therapist knows about any changes to these.
- I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my Medical Massage Therapist of any discomfort I may feel during the rehab session so he/she may adjust accordingly.
- I have been given the chance to ask questions about the Medical Massage Therapy session and my questions have been answered.
- I understand I will be responsible for a cancellation fee if not given at least a 24 hour notice.
- I understand the therapist is not responsible for any lost/broken personal items.

Name _____ Date: _____

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