



Consent For Therapy

Please take a moment to carefully read the following and sign where indicated.

- ❖ I freely give my permission to be massaged.
- ❖ I understand that the relationship between the client and the therapist is a confidential one and that all information provided to the therapist will be kept confidential.
- ❖ I understand that massage is contraindicated for some medical conditions and that it may be necessary to obtain a doctor's release or prescription before beginning therapy.
- ❖ I understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, and treatment, and that I should see a physician, chiropractor, or other medical specialist for answers to medical questions.
- ❖ I agree to inform the therapist of any change in my health and medical history and understand that there shall be no liability on the therapist's part should I fail to do so.
- ❖ I understand that I will be draped during treatment in accordance with state laws and that I may request additional draping at anytime.
- ❖ I agree to inform the therapist if I experience any discomfort during the session so that the application of pressure or strokes may be adjusted to my comfort level.
- ❖ I understand that I have the right to refuse any treatment or ask that it be modified, changed, or stopped.
- ❖ I understand that no inappropriate comments or conduct will be tolerated. I further understand that any illicit or sexually suggestive remarks or advances made toward the therapist will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- ❖ Finally, I agree to give the therapist 24-hour notice should I need to cancel an appointment for any reason.

(Print Name)

(Signature)

(Date)

(Therapist Signature)