

General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional/Western medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses, injuries, or prescribe medications. I understand that to be diagnosed with a condition, I must see a physician.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness /DOMS (delayed onset muscle soreness.)
 - Exacerbation of undiscovered injury

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

- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these changes upon each visit. I understand that there may be additional risks based on my physical condition. If I need assistance with wardrobe or getting on/off the table, I agree to bring a companion to help with such as Wisconsin state law prohibits your massage therapist from both lifting and disrobing clients.
- 7) I am aware of my own health status and understand that not sharing information about being exposed to COVID-19 will result in termination of my massage. I agree to wear a mask upon the discovery of any illness, including COVID-19. If I have tested positive for COVID-19/Coronavirus, I agree to quarantine for up to 14 days before I can reschedule my appointment. Mindful Healing Massage LLC does not assume liability should I become ill with COVID-19, Coronavirus, or any other illness.
- 8) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly. By not vocalizing yourself during the massage, you may not feel the optimal level of comfort.
- 9) I understand that hate speech, racial slurs, and profanity are not appropriate for the studio at any time and fall under the zero-tolerance policy of abuse as stated on the website. I understand that my session may be terminated without refund if I break studio policies.
- 10) I understand that I or the massage therapist may terminate the session at any time. I understand that all sales are final and that package deals are non-refundable.
- 11) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
- 12) ****If applicable**** I agree to tell my therapist if I am pregnant or trying to become pregnant so the therapist can adjust the type of massage for the safety of the mother, baby, and therapist.
****If pregnant, please list how far along are you in your pregnancy. _____ weeks**
- 13) I agree to tell my massage therapist if I am under the age of 18 so that the therapist may gain consent for massage therapy from a parent or guardian as it pertains to the law.
- 14) ****If applicable**** I consent to hot stone massage. I understand that my massage therapist has tested the temperature of the stones. I agree to tell my therapist if the stones are too warm at any time. Your therapist is not liable for potential burns. Clients and therapists are encouraged to keep an open dialogue during hot stone massage to gauge the heat, pressure, and comfort of the session.
- 15) I adhere to all studio policies, cancellation policies, no/show - no/call policies. I am aware that I have already been provided with this information as I was given access to the studio website. I understand that I may view all studio policies via the website at <https://www.mindfulhealingmassage.com/studio-policies/>.

_____ Signature _____ Date