



**4EVERFIT365 LLC.**

## Massage Therapy Consent and Waiver Form

Please take a moment to read and initial the following information:

\_\_\_\_\_ I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

\_\_\_\_\_ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_ I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

\_\_\_\_\_ I understand that massage is entirely therapeutic and non-sexual in nature.

**BY SIGNING THIS FORM, YOU CONSENT THAT YOU ARE OVER THE AGE OF 18. I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DAMAGES AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS.**

I ACKNOWLEDGE THIS WAIVER OF LIABILITY FORM. I FULLY UNDERSTAND ITS TERMS AND CONDITIONS, AND I UNDERSTAND THAT I AM WAIVING AND GIVING UP MY RIGHT TO SUE **4EVERFIT365 LLC.**, ITS MASSAGE THERAPISTS, RELAXATION SPECIALISTS, CONTRACTORS AND EMPLOYEES. I ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT VOLUNTARILY AND INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWABLE BY LAW.

Client name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_