

Just for You
Salon and Day Spa LLC
Massage Liability Release Form

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Birthday _____

Occupation _____

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 2) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 3) I have clearance from my physician to receive massage therapy.
- 4) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injuryI therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.
- 5) 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. I understand that there may be additional risks based on my physical condition.
- 6) 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.
- 7) I understand that I or the massage therapist may terminate the session at any time.

8) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature _____ Date _____