



Massage Therapy Consent To Be Treated

Patient Name: _____

Date: _____

Draping will be used during the session – only the area being worked on will be uncovered. Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____ (print name) understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

*****A gratuity is a gift, and it's appreciated. It is traditional to tip if you feel you have received excellent service. If you would like to tip, 15-20 percent is a good guideline. If you wish to tip your therapist you may give it to them directly or leave it at the front desk using cash, credit or debit upon check out. Please note, gratuity is not included in the price of any promotional vouchers such as Groupon or Living Social.**

Signature of Client _____ Date _____