

General Release of Liability

To participate in services offered, each client must agree and sign this form. This form does not expire.

I, _____ (print name), acknowledge, agree and affirm the following:

1. I give my permission to receive massage therapy.
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 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.
5. I understand the risks associated with massage therapy may include, but are not limited to:
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury
6. I understand that due to close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including but not limited to COVID-19.
7. I understand that there may be additional risks based on my physical condition.
8. I understand that it is my responsibility to inform the massage therapist of any discomfort I may feel during the massage session so that they may adjust accordingly.
9. I understand that the massage therapist or I may terminate the session at any time.
10. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

By signing this agreement, I (and my representatives (spouse, heirs, executors, administrators, legal representatives, etc.)) fully release and hold harmless Lisa Hartman, LMT, the establishment and all members within the establishment for and against any and all claims or liability to both person and property of whatsoever kind or nature arising out of or in connection with my massage therapy treatment session(s).

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____