

Rest and Relax Bodyworks

Massage Therapy Agreement and Release of Liability

Name: _____ Address: _____

Phone: _____ City: _____

Email: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____ Age: _____

Welcome to Rest and Relax Bodyworks ("R&R"). Thank you for putting your trust in us for your massage therapy. The information in this document is accurate and true to the best of your knowledge. You understand all massage is THERAPEUTIC and reviewed by the doctor. Every massage therapist is certified and/or registered. All massages provided by "R&R" is NON-SEXUAL. You also understand that illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session, and you will be liable for payment of this appointment. Male and female genitalia and women's breasts will not be exposed or massaged at any time. Draping will be used during the session. If you have any questions, comments or complaints about your massage therapist, please bring it to the attention of the management immediately. ** Please initial _____

I understand it is my responsibility to inform the therapist of any pre-existing conditions, limitations, or specific sensitivities and I will inform my therapist if I feel any discomfort during the session. (If you do experience discomfort, please ask the therapist to adjust the level of pressure). I understand that this is not intended to replace diagnosis or treatment of any type of physical or emotional disease. I will voluntarily accept any risks associated with the massage or any use of the company's facilities. I further agree that Rest and Relax Bodyworks will not be liable for any injury (including, without limitation, personal, bodily or mental injury), economic loss or any damage to me as a result of negligence or other acts of R&R's or anyone on the company's behalf or anyone using the services of the facilities at Rest and Relax Bodyworks.

In addition, also understand the cancellation policy and am aware that a missed or cancelled appointment (medical emergencies excluded) could result in a charge to my credit card on file.

The undersigned acknowledges that I have read and thoroughly understand this agreement and affirm that I have answered all questions honestly.

Signature: _____ Date: _____

Please Check all that apply:

____ Neck pain/problem ____ Blood Thinner ____ Carpal Tunnel ____ Stroke ____ Arthritis
____ Headaches/Migraines ____ Pregnant? (If yes, please indicate the length of pregnancy. _____)

Other: _____