



Client Waiver Form

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

_____ If I experience pain and discomfort during the session, I will notify the therapist immediately in order for the pressure and strokes to be adjusted to my level of comfort.

_____ I will not hold my therapist responsible for any pain or discomfort experienced during or after the session.

_____ I understand that the services I receive today do not replace medical care. I also recognize that my therapist is not authorized or trained to perform any type of skeletal or spinal adjustments as well as prescribe, diagnose, or treat any mental or physical illness.

_____ I understand that the massage is strictly non-sexual. If I feel uncomfortable or uneasy at any time during the massage, I will notify my therapist immediately in order to adjust my massage/bodywork session and meet my desired comfort level. I also am aware that my therapist has a right to end/cancel the session for any reason.

_____ I attest that all of my medical information is true and up to date. I also agree to notify my therapist when changes do occur and that all medical conditions and injuries were reported. I understand that there shall be no liability on the therapist's part if I forget to do so.

_____ By signing this release, I hereby waive my therapist from any and all liability, past, present, and future pertaining to massage/bodywork.

_____ I understand that if I notify my therapist of a cancellation within 24 hours of my scheduled appointment I am subject to paying the full session amount. Also if I fail to show up for the appointment I am subject to paying the fee equal to the cost of the missed appointment.

I have read and agreed to the previous statements made by Revive Massage Therapy.

Client Name: _____

Client Signature: _____

Date: _____

Therapist Signature: _____