# Consent and Release for Massage and Bodywork Therapy

**I have read, understand, and agree to the following:**

Initials

____ Massage and Bodywork Therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. It does not include any methods to specifically alter body or energy structure or function. Massage and Bodywork Therapy is not a substitute for medical care.

____ The Massage and Bodywork Therapist (Therapist) IS NOT working within the parameters of a licensed medical professionals or utilizing the associated education and training. Therefore, the Therapist WILL NOT diagnose or provide medication or medical treatment for physical or mental ailments and disfunctions or perform spinal or skeletal adjustments. It is recommended that the client see a qualified health care provider for such services. However, strictly within the scope of teaching and facilitating, the Therapist may recommend self-help exercises that the client may choose to do.

____ The client is expected to give immediate feedback to the Therapist during therapeutic sessions as to comfort and discomfort levels so the Therapist can make adjustments to increase comfort and decrease discomfort levels.

____ Information and explanation from the Therapist about the potential benefits, risks, effects, and contraindications associated with the following Massage and Bodywork Therapies:

- Cupping Therapy ____ (Initials)
- Hot Stone Massage ____ (Initials)
- Swedish Massage ____ (Initials)
- Thai Massage ____ (Initials)
- Reiki Healing ____ (Initials)
- Prenatal Massage ____ (Initials)

____ It is the responsibility of the client to provide a complete medical history and to keep the Therapist informed of any past and current injuries, allergies, sensitivities, skin conditions, medications, medical treatments, and medical diagnoses, including pregnancy. The client must provide written permission from a physician or other licensed health care provider to the Therapist, when required, stating that Massage and/or Bodywork Therapy may be provided. The client will update the Therapist with any changes in their health status and medications and as any medical treatment progresses.

____ It is the client's responsibility to inform the Therapist of any physical, psychological, or emotional trauma experienced that receiving Massage or Bodywork Therapy may exacerbate (intensify).

____ Massage and Bodywork Therapy is non-sexual in nature. The client may dress according to their comfort level during therapeutic sessions. Any behaviors the Therapist construes as sexual in nature, including remarks and gestures, will result in the immediate termination of a session with no refund of money paid for the session, no future sessions allowed, and legal action will be pursued.

____ The Therapist maintains the right to terminate a therapeutic session at will.

____ The Therapist will follow all laws, rules, and professional guidelines and ethical obligations when providing therapies to protect the client's privacy. As required by law, the client's body will be draped with a full sheet at all times except for the area being worked on.

____ Information provided about the qualifications of the Therapist and reporting measures for misconduct.

____ Anyone under the age of 18 years must have consent from a parent or guardian to receive Massage and Bodywork Therapy, and the parent or guardian must remain with the minor during the entire session.

____ **For Prenatal Massage:** I affirm that I have no contraindications for prenatal massage, am not currently experiencing any symptoms or complications, and am receiving regular medical checkups from my pregnancy healthcare provider.

**I represent that I am at least 18 years of age or the parent or guardian of the client under the age of 18 years of age and have the capacity to consent to Massage and Bodywork Therapy. By signing this form, I affirm that I read and understand the statements above and give my consent for the Therapist to proceed with the following Massage and Bodywork Therapies**:

- **Hot Stone Massage ____ (Initials)**
- **Swedish Massage ____ (Initials)**
- **Thai Massage ____ (Initials)**
- **Prenatal Massage ____ (Initials)**
- **Reiki Healing ____ (Initials)**
- **Cupping Therapy ____ (Initials)**

**The Therapist answered my questions to my satisfaction. My consent is informed and voluntary and I understand that I may withdraw my consent for any reason and at any time except for actions already taken.**

**I affirm that I have notified the Therapist of all known past and current injuries, allergies, sensitivities, skin conditions, medical treatments, and medical diagnoses, including pregnancy. I understand that the Therapist does not promise long-term results or promise to cure my health problems. The Therapist disclosed the cost and time associated with Massage and Bodywork Therapy. I understand that the personal health information that I provide will be kept confidential unless required by law**.

**I have read and understand the effects and risks associated with Massage and Bodywork Therapy and that the disclosed effects and risks are not comprehensive. I voluntarily agree to assume all of the effects and risks associated with Massage and Bodywork Therapy and accept sole responsibility for the effects and any injury to myself or the minor child that is experienced or incurred in connection with treatment received from the Therapist. I hereby waive and release the Therapist (Ashley Tumey) and Peaceful Prana Massage and Bodywork, LLC from any and all liability, past, present, and future relating to Massage and Bodywork Therapy provided. By signing this Consent for Massage and Bodywork Therapy and Waiver of Liability ("Consent"), I understand and agree that this Consent will apply to and govern current and all future Massage and Bodywork Therapy sessions performed by the Therapist.**

Client's Name (Please print):_____

Client Signature:_____Date:_____

Massage and Bodywork Therapist Name (Please print):_____

Massage and Bodywork Therapist Signature:_____Date:_____