

**MASSAGE CONSENT FORM**

I have been advised of the policies and procedures pertaining to massage and I understand these policies. The massage procedures, information about massage in general, and benefits and contraindications of massage, and possible alternative therapies have been explained to me.

I understand that the massage therapist is not a physician and does not diagnose illness or disease or any other physical or mental disorder. I clearly understand that massage therapy is not a substitute for a medical examination. In addition, I understand the massage therapist does not perform spinal manipulations or prescribe any medical treatment and nothing said or done during the session should be construed as such.

I further understand that the massage I receive is for the purpose of stress reduction and relief of muscular tension, spasm, or pain, and to increase circulation. If I experience any pain or discomfort, I will immediately inform the massage therapist so that the pressure or methods used can be adjust to my comfort level.

Finally, I understand that massage should not be performed under some circumstances. I agree to keep the massage therapist updated as to my changes in health, and I release the massage therapist and Purity Integrative Health & Wellness Center from any liability if I fail to do so.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_