

Client Informed Consent, Liability Waiver and Release Form

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow.

I understand that massage therapy is a therapeutic health aid and is non-sexual. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the scheduled appointment.

I understand that information exchanged during any massage session is educational in nature and is intended to help me become more familiar with and conscious of my own health status and is to be used at my own discretion.

I understand massage is designed to be a health aid and is in no way to take the place of a doctor's care when a doctor's care is indicated.

I understand that a massage therapist does not diagnose illness, disease, or any other physical or mental disorder. I understand that a massage therapist does not prescribe medical treatment or pharmaceuticals or perform any spinal manipulations. It has been made clear to me that massage therapy is not a substitute for medical examinations and/or diagnoses and that it is recommended that I see a physician for any physical ailment(s) that I might have.

I understand that all massage treatments, information and records will be kept confidential and adhere to HIPPA standards. Securely stored for use only by my massage therapist

I understand that written consent must be given by me prior to any disclosure or sharing of my personal and clinical information with any third party.

I agree to assume all risks associated with participating in the massage therapy sessions with Alina Simpson, LMT and agree to assume full responsibility for any injuries, losses, or other damages that I may suffer as the result of my participation in the massage therapy sessions.

I hereby release, indemnify and hold harmless Alina Simpson, LMT and Lotus Awakening Bodywork from any and all claims, demands, personal injuries, costs, or expense, (including attorney's fees) arising from or relating in any way to my participation in the massage therapy sessions provided.

I have read this Client Informed Consent, Liability Waiver and Release Form or have had it read to me, if necessary, and I fully understand its contents. I am voluntarily executing this Informed Consent, Liability Waiver and Release.

Client Name (please print)_____

Client Signature_____Date_____