



## Massage Therapy Release & Waiver of Liability Agreement

I, \_\_\_\_\_, hereby agree to the following:  
(Please print)

1. I have completed a client information and medical history form and agree that all information is current and accurate. I have stated all medical conditions that I am aware of and will inform the massage therapist of any changes in my health status.
2. I have been informed and understand the benefits and contraindications of massage and give my consent for treatment.
3. I acknowledge that massage therapy is provided for the purpose of stress reduction and relief from symptoms such as muscular tension, spasm, or pain. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments.
4. I acknowledge that massage therapy is not a substitute for medical care, medical examination, or diagnosis and that I should consult with a healthcare provider for those services. I agree that the massage therapist does not prescribe medical treatments and anything said or done during a session should not be construed as such.
5. I agree to receive massage therapy treatments and release the massage therapist from any liability.

**I acknowledge that I have read this Release and Waiver of Liability form. I fully understand its terms and conditions, and understand that I am giving up my right to sue balanceYoga by Amanda, its teachers/therapists and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law. In addition, my signature acknowledges that I have received and reviewed the Massage Therapy Notice of Policies and Privacy Practices of balanceYoga by amanda.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CONSENT TO TREAT A MINOR

By my signature, I authorize my child or dependent to receive therapeutic massage.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_