



## Client Release Form

### Massage Therapy

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 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.

Client Name (please print) \_\_\_\_\_

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

Massage Therapist \_\_\_\_\_ Date \_\_\_\_\_

---

### **Consent to Treatment of Minor**

By my signature below, I hereby authorize a State Certified Massage Therapist at Body Mechanix, Therapeutic Massage, LLC to administer massage to my child or dependent, as they deem necessary.

Guardian Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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