



Informed Consent

Therapeutic Massage Therapy

By signing below, you agree to the following:

I give my permission to receive therapeutic massage therapy. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. I know that a massage therapist does not diagnose illnesses or injuries or prescribe medications. I also do not have any conditions that my physician has stated that massage therapy would be contraindicated. I acknowledge that if I am receiving a Prenatal massage, I am past my First Trimester, and my Dr has approved massage therapy treatments.

I understand there are potential risks associated with massage therapy that may include but are not limited to:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of undiscovered injury

I, therefore, release Harmony Day Spa, LLC and the individual massage therapist from all liability concerning the risks mentioned above or any injuries that may occur due to incomplete information (e., g. medical conditions, medications, injuries) not being provided to the massage therapist during the massage session. I understand the importance of informing my massage therapist of any medical conditions and medications on my confidential intake form; and updating any changes in the information at future appointments.

It is understood that massage therapy is entirely therapeutic and nonsexual.

I know that I am responsible for informing my massage therapist of any discomfort I may feel during the massage session so they may adjust accordingly. I understand that the massage therapist or I may terminate the session any time. I also acknowledge that I have been offered an opportunity to ask questions about the massage therapy session and that my questions have been answered.

Client Name: _____

Date: _____