

Name: _____

Date of Birth: _____ Today's Date: _____ Male Female

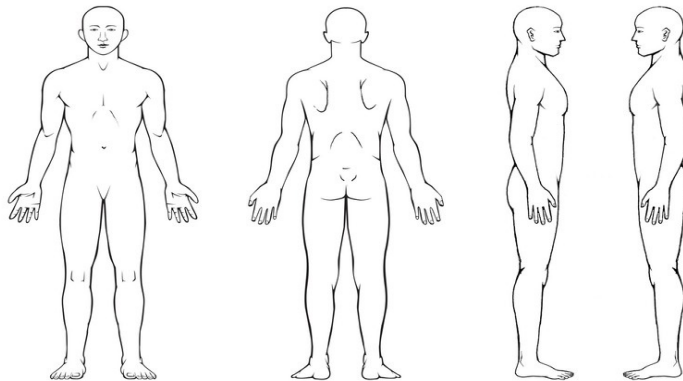
Phone: _____ Emergency Contact: _____

Email: _____

Area you live in: _____ Occupation: _____

Do you have any injuries or areas that you do not want worked? _____

Please **circle** *focus areas*, and please **shade** *injuries and areas to avoid*



Pressure: Light Moderate Deep **Are you pregnant?** Yes No

How many massages have you had? First One 2 3 4 5 10 20 30 +

What is your favorite part of getting a massage? _____

Do you have any health or personal training goals? _____

Any allergies or are you taking any drugs or medications? _____

How frequently do you get massages? Weekly Monthly Quarterly Yearly

Next page is on the other side

Client Waiver Form

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow and is non-sexual in nature.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that the pressure can be adjusted to my level of comfort.
- I understand that the services offered today are not a substitute for other forms of medical care.
- I understand that my therapist is not qualified to diagnose, prescribe, or treat physical or mental illness or perform spinal or skeletal adjustments.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future, relating to massage therapy and bodywork.
- I understand that my therapist is highly trained, cares about me and my condition & will do their best to provide me safe quality massage and or bodywork therapy.

Client Signature: _____

Therapist Signature: _____

Date: _____