



## Hot Stone Massage Consent Form

I, \_\_\_\_\_ hereby request and consent to the performance of hot stone massage on myself by any Willow Healing massage therapist. I understand that hot stone massage involves heating stones, then using those stones during the course of massage, either by the massage therapist placing those stone on me to warm and relax muscles, or by the massage therapist holding those stones in their hands and then massaging me with those stones. I understand that:

1. Hot stone massage is a generally safe method of massage, but that it may have some side effects, including burns or related scarring as a result of the contact of the hot stones with my skin.
2. A variety of medical conditions which I might have, and which my therapist has neither the training, nor the legal right to interpret, could increase the risk of burns for me.
3. The sensitivity of my skin type may also impact the risk associated with burns and scarring.
4. Certain medications make a person more sensitive to heat exposure.
5. I understand that I will keep an open communication with the massage therapist if I feel any discomfort.

I wish to rely on the massage therapist to exercise judgment during the course of the hot stone massage, which at the time, based upon the facts then known, is in my best interest.

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

Client Name (print): \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Name (print): \_\_\_\_\_