

**MASSAGE CONSENT FORM**

I have been advised of the policies and procedures pertaining to massage and I understand these policies. The massage procedures, information about massage in general, benefits and contraindications of massage, and possible alternative therapies have been explained to me.

I understand that the massage I receive is for the purpose of stress reduction and relief of muscular tension, spasm, or pain, and to increase circulation. If I experience any pain or discomfort, I will immediately inform the therapist so that the pressure or methods used can be adjusted to my comfort level. I understand that massage therapists do not diagnose illness or disease, nor do they perform spinal manipulations or prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis, and I should see a health care provider for those services. Because massage should not be performed under some circumstances, I agree to keep the massage therapist updated as to any changes in my health, and I release the massage therapist and Holistic Health Clinic from any liability if I fail to do so.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

**Consent to Treat a Minor:**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
have read and understood the statements regarding massage therapy. By my signature, I authorize a Holistic Health Clinic massage therapist to provide massage treatments and bodywork to my child or dependent.

Signature of Custodial Parent or Guardian \_\_\_\_\_  
Date \_\_\_\_\_