



## General Liability Release Form

1. I give my permission to receive massage therapy.
2. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
3. I understand that the massage therapist does not diagnose illnesses or injuries, nor prescribe medication.
4. I have clearance from my physician to receive massage therapy.
5. I understand the risks associated with massage therapy include, but are not limited to:
  - a. Superficial bruising
  - b. Short-term muscle soreness
  - c. Exacerbation of undiscovered injury

I therefore release Resonance Massage & Bodywork and my therapist from all liability concerning these injuries that may occur during the massage session.

6. I understand the importance of informing my massage therapist of all medical conditions and medications I am taking and informing my massage therapist of any changes to these. I understand that there may be additional risks based on my condition.
7. I understand that it is my responsibility to inform my therapist of any discomfort I may feel during the massage session so my therapist may adjust accordingly.
8. I understand that both my therapist or I may terminate the session at any time.
9. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

**By signing below I acknowledge that I have read and understand this Liability Release Waiver and agree to its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved; and that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_