

MESSAGE CONSENT FORM

Business Name: _____

Date: _____

Consent and liability release form for massage therapy. Documents informed consent, draping policy, and right to stop the session.

** Required fields*

Full Name *

Date of Birth *

Phone Number *

Email *

I understand massage is not a substitute for medical treatment *

I have disclosed all medical conditions *

I understand the draping policy and my right to modesty *

I understand I may stop the session at any time *

I release the therapist from liability for undisclosed conditions *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

INFORMED CONSENT FOR MASSAGE THERAPY: I understand that massage therapy is provided for stress reduction, relief from muscular tension, and improvement of circulation and energy flow. I understand it is not a substitute for medical examination, diagnosis, or treatment. I have stated all known medical conditions and will update the therapist of any changes. The therapist will use professional draping at all times; I understand I may request adjustments or stop the session at any time without obligation. I release the therapist from liability for any condition that was not disclosed or any complication arising from conditions outside their knowledge.

Client Signature: _____

Date: _____

Print Name: _____