

# Massage Therapy Client Release of Liability Waiver

Client Name

Date of Birth

Address

Phone Number

Email

## Health Information

Allergies (if any)

Medical conditions, injuries, or medications

## Acknowledgement & Release

I acknowledge that massage therapy is not a substitute for medical treatment or diagnosis, and that it is recommended I see a qualified medical professional for any physical ailments that I may have. I understand that the therapist does not diagnose illness or disease, nor prescribe medication or perform spinal manipulations.

I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the therapist updated on any changes to my health and understand that there shall be no liability on the therapist's part should I forget to do so.

I understand and voluntarily accept all risks associated with massage therapy, and hereby release the therapist and business from any and all liability, claims, or demands due to injury or adverse outcomes.



I have read, understood, and agree to the above terms and conditions.

Client Signature

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Date

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Therapist Signature

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Date

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