



Preferred Massage Therapy

PREFERRED MASSAGE WAIVER FORM FOR CORPORATE CHAIR MASSAGE

It is my choice to receive massage therapy. I realize that treatment is given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain or for the increase of circulation and energy flow. I agree to communicate with Preferred Massage anytime my well-being is being compromised.

I understand that I may be sore or stiff for a few days after receiving a massage. I understand that massage may bring on flu like symptoms or otherwise known as a healing crisis.

The massage therapist reserves the right to refuse treatment if it is not recommended for the clients overall health.

I understand that massage practitioners do not diagnose illness, disease, physical or mental disorders, nor do they prescribe medical treatment or pharmaceuticals. Massage practitioners do not preform Spinal Thrust manipulations.

I understand and acknowledge that massage is not a substitute for medical examination or diagnosis. I have stated all medical conditions that I am aware of and will communicate to the practitioner if any changes in my health status occur.

Signed: _____

Printed Name: _____