

**Informed Consent for Radiant Massage Therapy**

Client Information

Please take a moment to carefully read the following information and sign where indicated.

I understand that massage/bodywork given here is for the purpose of stress reduction, relief from muscular tension or spasm, relaxation, and for increased circulation. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/bodywork is not a substitute for medical examination, diagnoses or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment I am aware of.

I understand that massage/bodywork should not be performed if I have certain medical conditions or specific symptoms; therefore, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I further understand that a referral from my primary care provider may be required prior to service being provided.

I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I forget to do so.

**I understand that any illicit or sexually suggestive remarks or advances made by you will result in immediate termination of the session.**

Please indicate that you have read and agreed to the terms by signing below.

Thank you.

Name

Phone Number

E-Mail Address

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