**Client Waiver Form**

Please take a moment to read and initial the following information:

\_\_\_\_\_\_\_ I understand that this therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

\_\_\_\_\_\_\_If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

\_\_\_\_\_\_\_I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_\_\_\_\_I affirm that I have notified my therapist of all known medical conditions and injuries.

\_\_\_\_\_\_\_I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist’s part should I forget to do so.

\_\_\_\_\_\_\_ I understand that should I cancel an appointment less than 48 hours before the scheduled time or “no show” an appointment, I am subject to a fee equal to the cost of the missed appointment. Here you have to pay for your entire session.

\_\_\_\_\_\_\_By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to bodywork.

I have received the policy statement, and have read and agree to the policies therein.

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information and Suggestions**

This practice requires loose, comfortable clothing that allows for freedom of motion.