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GENERAL LIABILITY RELEASE FORM

By signing below, you agree to the following:

- I give my permission to receive massage therapy.
- I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- I have clearance from my physician to receive massage therapy.
- I understand the risks associated with massage therapy include, but are not limited to:
 - o Superficial bruising
 - o Short-term muscle soreness
 - o Exacerbation of undiscovered injury
- I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.
- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Name of Patient: _____ DOB: _____

Signature of Patient: _____ Date: _____

If you are a minor, or if you are being represented by another party:

Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____