

# TRUE MASSAGE THERAPY

## Policies and Procedures

### Please take a moment to read the following information:

\_\_ I understand that massage is entirely therapeutic and non-sexual in nature and that there is a **ZERO-TOLERANCE** policy for sexual harassment, misconduct, rude and/or inappropriate behavior from myself and/or True Massage Therapy therapists, staff, and members. At any time during the session I, the client, and/or the therapist reserve the right to refuse service and immediately end a session for any reason.

\_\_ I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and energy flow, as well as offer a positive experience of touch. Massage therapy and other alternative therapies are **NOT** an alternative or substitute for medical treatment or medications, and that it is recommended that I concurrently work with my primary caregiver for any condition(s) I may have. I also acknowledge that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or medically treat physical or mental illness.

\_\_ I have notified my therapist of all known physical and medical conditions, medications and injuries, and take it upon myself to keep the therapist updated on any changes in my health, medical condition(s), and medications. I understand that there shall be no liability on True Massage Therapy, its staff, and/or Associates should I forget to do so.

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

\_\_ I understand that a record will be kept of the health services provided to me and I may receive a copy of these records upon request. This record will be kept confidential and will not be released to others unless I give written authorization. Furthermore, I understand that information about my services is **NOT** shared with others unless there is harm being done by myself, to myself, or others, or a court subpoena is ordered. It is my therapist's obligation to make any reports of abuse or neglect.

\_\_ I understand that, because massage therapy work involves maintaining touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission.

\_\_ By signing this release form, I hereby consent that I am at least 18 years of age or have written consent from a parent/legal guardian.

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\_\_\_ By signing this release, I understand and voluntarily accept any and all risks of which I have been advised and that are associated with my massage, or any use of the company's facilities and hereby release True Massage Therapy, its members, therapists, staff and all other personnel from all liability for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me resulting therefrom. I further hereby release all of the foregoing personnel and entities from all liability arising from any such injury or damage resulting from my failure to disclose any pre-existing condition, limitation, or specific sensitivities, or my failure to inform the therapist of any discomfort during the massage session. By signing this release, I hereby waive and release my therapist and True Massage Therapy, its members, therapists, staff and all other personnel from any and all liability, past, present, and future relating to any massage therapy, bodywork, or other wellness services that I receive.

I have read and agree to the above statements

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date