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I Understand That I Will Be Receiving Hot Stone
Massage As An Adjunct Form Of Healthcare Only And
That This Therapy Is Not Meant To Replace Appropriate
Medical Care. I Release The Massage
Therapist/practitioner Of Any And All Liability For Any
Harm That May Unintentionally Occur During My
Treatment(s). 1th, 2024

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What Type Of Massage Are You Seeking? ☐ Relaxation
\Box Therapeutic/Deep Tissue Other $___$ \Box Light \Box
Medium □ Deep Sensitivities? □yes No Want
Massaged? ☐ Yes ☐ No Please Explain What Are
Your Goals For This Treatment Session?File Size:
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Massage Client Waiver Form Please Take A Moment To Read And Initial The Following Information: I Understand That Massage Therapy Is Provided For Stress Reduction, Relaxation, Relief From Muscular 1th. 2024

Sports Massage Consultation Form Patient Consent To ...

Jul 01, 2012 · Area Of Massage To Be Performed? Treatment Description Advice Given / Feedback From Patient: Therapist Signed: Date: Supervisor: SM Sports Massage Consultation Form July 2012. University Of 1th, 2024

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Headed Or Dizziness, And Tenderness. I Do Not Expect The Massage Therapist To Be Able To Anticipate And Explain All Risks And Complications And I Wish To Rely On The Massage Therapist To Exercise Judgment During The Course Of The Treatment Which The Massage Therapist Feels At The Time, Base 1th, 2024

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EMERGENCY CONSENT CARD It Is The Policy Of This Centre To Notify A Parent When A Child Is III Or Needs Medical Attention. Name Of Facility Cannot Contact. Child's Name: Surname First Name(s) Bir 1th, 2024

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