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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). Mar 1th, 2024.

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Your Knowledge. Date Of Initial Visit 1. Have You Had A Professional Massage Before? Yes No If Yes, How Often Do You
Receive Massage Therapy? 2. Do You Have May 2th, 2024.

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Occupation _____ Email _____ ... By Signing Below, You Agree To The Following: I Have Completed This Form To The Best Of
My Ability And Knowledge And Agree To Inform The Technician Of Any Changes In The Above In Jul 1th, 2024

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