

Client Waiver    Generic Template

I \_\_\_\_\_ understand that the therapeutic massage therapy treatment(s) given to me by Morgan's Orthopedic & Sports Massage is intended to enhance relaxation, reduce pain caused by muscle tension, help increase range of motion, and offer a positive experience of touch.

Other intended purposes for massage therapy are specified below (if any):

\_\_\_\_\_

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I am concurrently working with my Primary Caregiver for any condition(s) I may have.

I am aware that the massage therapist does not diagnose illness, prescribe medications or supplements, and that intended spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions, medications, and I will keep the massage therapist updated on any changes.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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