## **Massage Client Information Waiver/Release Form**

Name	Telephone			
Address				
Street	City		State	Zip
Date of Birth	Email Address:			
Emergency Contact:				
Name		Relationship		Telephone
Are you presently taking any medication If YES, please explain:		YES	NO	
Have you had a recent surgical procedure or injury: If YES, please explain:		YES	NO	
Are you currently seeing a Ch	iropractor, Physical Ther	apist, or P YES	hysician for NO	an ongoing issue?
If YES, please explain:				
Do you have any allergies I ne				
If YES, please explain:				
<b>FEMALE GUESTS</b> : Are you propried to the pregnancy?	regnant? YES NO If en told you have a high-	YES, what risk	week?	Have you had any
<b>RETURNING GUESTS</b> – Have y history?	you had any updates to y	our medio	cal	
What was your favorite part of				
What was your least favorite				
What expectations do you ha				

It is my choice to receive massage therapy treatment. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the massage therapist in providing a suitable treatment which would take into consideration to my specific requirements. I also understand that failure on my part to disclose information could result in injury and/or illness and I hereby release Mid America Rehab and In1Peace Massage and Bodywork from any claims resulting from such. Any information provided to me by the massage therapist is for general education purposes only and is not intended for any medical purpose.

**GUEST SIGNATURE** 

DATE

PARENT or GUARDIAN for Minor Consent

DATE