



Nicco Castell LMT

954-812-7612

www.NiccoCastell.com

Massage Therapy Consent Form

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

I, _____ (print name), have carefully read and agree to the following information:

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that massage is entirely therapeutic and non-sexual in nature.

For patients under the age of 18, we recommend the parent/guardian meet the therapist at the time the waiver is signed. It is not required for the parent/guardian to stay in the room or on premises, but they have the choice to do so. I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

I agree to keep to the following rules on each visit:

Before each treatment

- Tell your therapist about any changes in your health since your last visit.
- Please remove all jewelry. If you wear a wedding band or other item that you need to leave on, please let us know.
- Ask your therapist if it is best to bind long hair up on your head.

And throughout your visit

- Please ask questions about the procedures. Your therapist will be happy to keep you informed and comfortable.
- Always inform your therapist immediately upon any pain or discomfort.
- Refrain from making illicit or sexually suggestive remarks or actions. Any such behavior will result in immediate termination of the treatment.

Client Signature _____ Date _____

Client's Name Printed _____

Therapist _____ Date _____