

Massage Therapy Liability Waiver and Release

I, _____ (print name), understand that the massage 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 therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I am aware that I have sought out the services of a massage therapist. I am aware that I have made the decision of my own free will. I am aware that TRU physical therapy is in no way affiliated with the massage therapy services that I have sought out. I understand that TRU physical therapy is completely independent of any massage therapy services I understand that TRU physical therapy simply provides the space for me to receive such services. I understand that TRU physical therapy accepts no liability of any form.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I agree to discharge TRU physical therapy from all legal claims. I waive the right to bring action of any kind against TRU Physical therapy.

MISSED APPOINTMENT AND RESCHEDULING POLICY:

If you are unable to keep a scheduled appointment, please give 24 hours advance notice to ensure you will not be charged for the appointment.

If less than 24 hours notice is given, and we are unable to fill the time slot, you will be expected to pay for the appointment.

Thank you and be good.

_____ (sign & date)