



LKN Salt Spa Massage Therapy Consent and Release Form

By signing below, you agree to the following:

- I voluntarily request and consent to receiving massage therapy.
- I understand that the massage service offered is for the purpose of general wellness, stress reduction, and relief of muscular tension only.
- I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques used can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.
- I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury
- This treatment is not sexually oriented in any way, any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session without refund
- I do not have any contagious conditions that may put my massage therapist or other clients at risk.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given the opportunity to ask questions about massage therapy and my questions have been answered.
- Clients under the age of 18 must be accompanied by a parent or legal guardian for the entire session. Written consent must be provided by parent or legal guardian for any client 17 years of age or under.
- I understand that this session begins the time of my appointment, and if I arrive late that time will be deducted from my session. However, if the therapist is running behind, I will not be penalized and will receive the full time of session.
- I am responsible for practicing proper hygiene and a state of cleanliness for this appointment. If not clean the therapist reserves the right to not work on that area or may refuse treatment-without refund.
- I will not be under the influence of drugs or alcohol, and understand that if under the influence the therapist will refuse treatment, without refund.

I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage, and possible alternative therapies have been explained to me. I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the massage should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form, I give my consent to proceed with the massage service as outlined above.

Client Name (Please Print)

_____/_____/_____
Date

Client Signature

If 17 or under:

Signature of parent or legal guardian: _____