



MASSAGE THERAPY CLIENT WAIVER

CLIENT

NAME

DATE

AGE

EMAIL

THERAPIST

NAME

MEMBER STATUS (PLEASE CIRCLE ONE)

UNDERGRAD ____ (YEAR)

GRAD STUDENT

FACULTY

STAFF

SPOUSE

Please check off any of the following conditions or symptoms, which apply to you now or in the past:

High Blood Pressure

Blood Clots

Heart Attack/Stroke

Low Blood Pressure

Arthritis

Muscle Strain/Sprain

Low Back Pain

Osteoporosis

Hypo/Hyperglycemia

Varicose Veins

Headaches

Allergy to Nut Oils

Diabetes

Contagious Cond.

Skin Conditions

Pregnant

Constipation

Allergies: smells/lotions

Acid Reflux

Painful Cramps

Please explain any of the above or other conditions/symptoms you have experienced:

Please list any medications you are taking for any reason:

If you have had any serious or chronic illness, operations, or traumatic accidents, please explain:

Have you received a massage before and if so, how often?



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Please initial each statement then sign and date below:

_____ I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.

_____ I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations. I have been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

_____ I understand that services offered today, and in the future are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

_____ I have stated all of my known medical conditions on the Client Information Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

_____ I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that the University of Virginia, the department of IM-REC Sports and the practitioner shall not be liable should I fail to do so.

_____ I understand that all massage therapy and bodywork offered is strictly non-sexual.

_____ By signing this release, I hereby waive and release the University of Virginia, department of IM-REC Sports and it's staff, massage therapists, and bodywork practitioners from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have received the policy statement, and have read and agree to the policies therein.

Client Name: _____

Client Signature: _____

Date: _____

Therapist Signature: _____