



## GENERAL LIABILITY RELEASE FORM

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that close contact with people increases the risk of infection from **COVID-19**. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.
- 3) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 4) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 5) I have clearance from my physician to receive massage therapy.
- 6) I understand the risks associated with massage therapy include, but are not limited to:
  - Superficial bruising
  - Short-term muscle soreness
  - Exacerbation of undiscovered injury
- 7) I understand the importance of informing my therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 8) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she/they may adjust accordingly.
- 9) I understand that I or the massage therapist may terminate the session at any time.
- 10) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
- 11) I understand that my name and contact information might be shared with the state health department in the event that a client or practitioner at this facility tests positive for **COVID-19**. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the health department.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date