Elk Grove Healing Massage

9132 Elk Grove Blvd, Elk Grove, CA 95624 | 916-430-9276 | www.eghealingmassage.com

MASSAGE THERAPY INFORMED CONSENT & LIABILITY RELEASE

Client Name: _____ **Date:** _____

Date of Birth: _____ **Phone:** _____

PURPOSE & SCOPE

Massage therapy is provided for relaxation, stress reduction, and relief of muscular tension. It is not a substitute for medical diagnosis or treatment, and the therapist is not a licensed physician unless otherwise stated.

HEALTH DISCLOSURE

I confirm I have truthfully disclosed all relevant health conditions, injuries, allergies, medications, and concerns (including pregnancy, recent surgery, cardiovascular conditions, blood clots, skin conditions, or infectious disease) and will inform my therapist of any changes at future visits.

ASSUMPTION OF RISK & RELEASE OF LIABILITY

I understand massage therapy may occasionally cause temporary soreness, bruising, or discomfort, and I voluntarily accept these risks. In consideration of services received, I release and hold harmless Elk Grove Healing Massage, its owners, therapists, and staff from any claims arising from my treatment, except in cases of gross negligence or willful misconduct.

CLIENT CONDUCT

Services provided are strictly therapeutic and non-sexual. Inappropriate remarks or requests will result in immediate termination of the session at full charge, and may be reported to authorities.

CANCELLATION, PAYMENT & CONFIDENTIALITY

Please provide at least 24 hours' notice to cancel/reschedule; late cancellations/no-shows may incur a fee. Payment is due at time of service. All personal and health information is kept confidential per applicable privacy laws.

CONSENT

I have read and understood the above, had the opportunity to ask questions, and voluntarily consent to receive massage therapy services at Elk Grove Healing Massage under the terms outlined here.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature (if minor): _____ **Date:** _____

Therapist Signature: _____ **Date:** _____