



☎ 480-331-6867

✉ info@cedarnsagewellness.com

📍 10335 N Scottsdale Rd Suite F

👉 www.cedarnsagewellness.com

Consent to Treatment and Liability Release

Client Name: _____

Date of Birth: _____ Phone Number: _____

Email: _____

I understand that massage therapy is intended for therapeutic purposes of general wellness, stress reduction, and the relief of muscular tension. I acknowledge the following:

- I understand that massage therapy is not a substitute for medical care, diagnosis, or treatment and nothing said during the treatment should be construed as such. I will inform my massage therapist of medical conditions, medications, injuries or recent surgeries.
- Information about massage therapy, potential benefits, effects, risks, contraindications, and possible alternative therapies have been explained to me and I understand this information. I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury
- I have been given the opportunity to ask questions about massage therapy and my questions have been answered to my satisfaction.
- I understand that if I feel any pain or discomfort during the session, I should inform my therapist immediately so they can adjust the pressure or technique as needed.
- I understand that massage should not be performed under certain medical conditions, and I affirm that I have stated all known medical conditions and answered all questions honestly. I do not have any injuries or conditions that prevent me from receiving massage therapy.

- I understand that any illicit or sexually suggestive behavior will result in the immediate termination of the session, and I will be liable for full payment.
- I give my consent to receive massage therapy from the licensed practitioner listed at Cedar & Sage Wellness.

By signing this form, I agree to the conditions as outlined above, and I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

Print name: _____

Signature: _____

Date: _____