**If you have a medical condition or specific symptoms, massage could be dangerous to your health. A signed letter of indication from your doctor may be required to receive massage in some cases. If you are concerned about something going on with your body, please contact your physician.**

* I understand that massage sessions are to be used for the purpose of relaxing and facilitating balance in muscles. While this can be beneficial for many purposes, massage is not intended to cure or treat any illness or injuries. And no guarantees can be made as to the effectiveness or results of my session.
* I understand that it is my responsibility to immediately notify the therapist of any pain or discomfort so that they can adjust the techniques being used.
* I further understand that massage is not a substitute for medical examination, diagnosis, or treatment.
* I understand that feedback regarding pressure levels and painful areas is welcome and encouraged during my massage session.
* I understand that if any comments or moves are made that are in any way lewd or sexual, the session will be terminated immediately and I will not be allowed to schedule future appointments.
* I understand that I will be covered with a blanket and/or sheet during my session and that only the limb or area being worked on will be uncovered. Glutes and hip flexors are generally massaged through a sheet.
* I have listed any and all medical conditions to their fullest extent and understand that it is my responsibility to inform my therapist of any changes in health.

**If cupping therapy will be performed:**

* I understand that discoloration may occur from cellular debris, stagnant blood, and injuries being pulled to the surface. I understand that these are not bruises and may take 2 weeks or more to fade.
* I understand that cupping should not be done if I am sunburned, have shaved in the last 4 hours, or have not eaten recently.
* I understand that I should avoid extreme heat or cold, exercise, and exfoliation for 24 hours.
* I understand that I should avoid alcohol, caffeine, and excessive sugar for 48 hours and should drink plenty of water
* I have been given information about cupping therapy and understand the risks involved, the aftercare procedures, and the potential effects

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**