



I hereby consent to & authorize **Sarah Robinson** to perform the following procedure(s):

Please take a moment and carefully read the following information and sign where indicated.

I understand that this information will be treated confidentially. In order to maximize the effectiveness and safety of massage sessions, I agree to give feedback during and at the end of my sessions. I understand that I will need to update my therapist on my health and well-being prior to each session. I understand that the massage/bodywork I receive is provided for the relief of muscular tension and soreness. If I experience any pain or discomfort during this session, I will immediately inform the therapist. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any physical or mental ailment of which I am aware. I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or emotional conditions and that nothing said during the course of treatment should be construed as such.

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that there shall be no liability on the practitioner's part should I forget to do so.

Print Name _____ **Date** _____

Sign Name _____ **Date** _____