**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 therapeutic massage is not a substitute for traditional medical   treatment or medications.
3. I understand that the massage therapist does not diagnose illnesses or injuries,   or prescribe medications.
4. I have clearance from my physician to receive massage therapy.
5. 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 therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

1. I understand the importance of informing my massage 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.
2. I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he may adjust accordingly.
3. I understand that I or the massage therapist may terminate the session at any time.
4. I have been given a chance to ask questions about the massage therapy session and my questions have been answered.
5. I agree to remain appropriate at all times throughout the massage therapy session.

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 Signature Date

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 Matthew A. Keith, LMT Date