



INFORMED CONSENT FORM

I, (client's name) _____, understand that the massage I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort (pressure, temperature, etc.), I will immediately inform the massage practitioner so that the pressure or methods can be adjusted to my comfort level. I do not hold the therapist responsible if I fail to do so. I realize that this massage is therapeutic and non-sexual in nature and any inappropriate behavior on my part will result in an immediate termination of the session and I will be responsible for paying the full session cost.

I understand that massage professionals do not diagnose illness or disease or perform any high-velocity adjustments, nor do they prescribe any medical treatments, and nothing said or done during the session should be construed as such. I acknowledge that massage is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services. Because massage should not be performed under certain circumstances, I agree to keep the massage practitioner updated as to any changes in my health profile, and I release the massage professional of any liability if I fail to do so. If I am feeling ill, I will postpone my appointment until I am feeling better.

I also understand that the massage practitioner's time is important and missed appointments mean missed income for the therapist. Therefore, if I need to cancel or postpone an appointment, I will give the massage therapist at least 24 hours' notice or pay a \$25 cancellation fee if the appointment time is not filled, to be paid before my next appointment.

By signing my name below, I acknowledge that I have read and agree to all of the above statements.

Client's signature _____ Date _____

Therapist's signature _____ Date _____

Consent to Treat a Minor (only applicable if the client is under 18)

By my signature I agree to the above statements and I authorize Mischa Bradford to provide therapeutic massage to my child or dependent and I will be present in the room for the entirety of the massage.

Signature of Parent or Guardian _____ Date _____