

KIT Therapy

Informed Consent

- I understand that massage therapy and bodywork are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.
- I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations.
- It has been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.
- I have stated all of my known medical conditions on the Health History Form. I have consulted a medical doctor or licensed medical health care practitioner regarding these conditions.
- I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that the practitioner shall not be liable should I fail to do so.
- I agree to actively participate, as much as possible, in my own healing and health maintenance.
- I understand that all massage therapy and bodywork offered is strictly non-sexual. If any sexual comment, suggestion, or advancement ensues, it shall result in immediate termination of the massage session.
- By signing this release, I hereby waive and release any and all liability, past, present, and future, relating to massage therapy and bodywork.
- I have received the policy statement, and have read and agree to the policies therein.

Signature: _____

Date: _____