

I, \_\_\_\_\_ (print name) agree to the following statements.

Massage provided by SPORTBODYWORK is for the basic purpose of relaxation and relief of muscular tension. If any pain or discomfort is experienced during a session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. Massage may not be construed as a substitute for medical examination, diagnosis or treatment. It is my responsibility to consult a physician, chiropractor or other qualified medical specialist for any mental and/or physical ailment that I experience. I understand that massage therapists are not qualified to perform any spinal or skeletal manipulations or adjustments, diagnose, prescribe or treat any mental or physical illness. Nothing said during the course of a session should be construed as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions on the Client Intake Form honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. All information provided will be kept strictly confidential as is ethically required. My personal information shall never be shared with anyone without a signed consent form from me, except as stated in the "Release of Information" section below.

Careful and modest draping will be used during the session and only the area being worked will be undraped. In general, massage is performed while you are fully unclothed. However, you may choose to undress to your level of comfort. I understand that massage therapy is a therapeutic health aide and is non sexual.

**Disclaimers:**

1. The therapist has the right to determine and refuse a client who demonstrates inappropriate sexual speech and/or behavior. Such inappropriate sexual speech and/or behavior shall result in termination of the session. Payment for the terminated session shall be due and payable at the time of termination.
2. The therapist has the right to refuse treatment of anyone lacking in basic physical hygiene.
3. Clients under the age of 18, must be accompanied by a parent or legal guardian who shall remain in the treatment room throughout the session.

Signature of parent or legal guardian: \_\_\_\_\_

**Cancellation and Late Arrival Policy:** If I cancel a scheduled session and give less than 24 hours notice I shall pay for the scheduled session. If I arrive late for a scheduled session, that session will end on time so that the client following me is not penalized; and I shall pay for the entire scheduled session. I understand and agree to comply with the cancellation and late arrival policy. Initials \_\_\_\_\_

**Assignment of Insurance Benefits:** In the event the client is entitled to massage therapy benefits of any type arising out of any policy of insurance insuring the client or any other party liable to the client, these benefits are hereby assigned to SPORTBODYWORK for application to the client's bill. It is agreed that SPORTBODYWORK shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment, **the undersigned and/or client being responsible for all charges not paid pursuant to this assignment.** All services approved for payment by the Workers' Compensation Carrier for work related injuries shall be the responsibility of the client's employer and the client shall not be held responsible for all such approved work related treatment.

**Release of Information:** I understand that the referring physician and SPORTBODYWORK will have access to the information in my medical record, including all information pertaining to the client and his/her treatment as well as police report information if necessary. I hereby allow SPORTBODYWORK to disclose all or part of my record to insurance companies, intermediaries and/or Workers' Compensation Carriers, which may be required for assignment of benefits to SPORTBODYWORK. However the facility may not release information if I chose  
*This is your massage; your time to relax; your opportunity to rejuvenate! Enjoy!*

to reimburse SPORTBODYWORK out of pocket.

**Financial Agreement:** The undersigned agrees, whether he/she signs as an agent or client, that he/she hereby individually obligates him/herself to pay the account in accordance with the rates and terms of the service provided. Should the account be sent to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and collection expenses.

Please feel free to ask your therapist any questions before, during and/or after the session. Your therapist is a highly trained professional, wants to make you feel comfortable and provide you with information. Please write anything else that you think might be important for your therapist to know here:

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My signature below indicates that I waive and release my therapist and SPORTBODYWORK from any and all past, present and future liability relating to massage and bodywork.

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

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