

Shiatsu Pro

Shiatsu/Massage Therapy Client Waiver

Please read the policy statement and sign below.

I understand that shiatsu/massage therapy is for the purpose of stress reduction, relief from tension and spasm, general relaxation, and improvement of circulation and energy flow.

I understand that the shiatsu/massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The therapist does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations. It has been made very clear that shiatsu/massage therapy 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 understand that services offered today, and in the future are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

I have stated all of my known medical conditions to the shiatsu/massage therapist. I have consulted a medical doctor or licensed medical health care practitioner regarding any conditions I currently have.

I realize it is solely my responsibility to keep the shiatsu/massage therapist updated on any changes in my physical health and I understand that Shiatsu Pro and its therapists shall not be liable should I fail to do so.

I understand that all shiatsu/massage therapy offered are strictly non sexual.

By signing this release, I hereby waive and release Shiatsu Pro, it's staff, shiatsu/massage therapists from any and all liability, past, present and future relating to shiatsu/massage therapy.

If a client is under the age of 18, a legal guardian must sign on his/her behalf and must be present in the room at the time of the session.

I have received the policy statement, and have read and agree to the policies therein.

Client Name: _____

Client Signature: _____

Date: _____

D.O.B _____