



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 therapist, Mischa Bradford, so that the pressure or methods can be adjusted to my comfort level. I do not hold her 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 fill out my health history honestly and completely, and keep the therapist updated as to any changes in my health profile, and I release her 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 therapist's time is important and missed appointments mean missed income for her. Therefore, if I need to cancel or postpone an appointment, I will give her 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. I realize that if I want my full hands-on time, I should arrive five minutes before my appointment time in order to go over my current bodywork goals, disrobe, and be on the table by my appointment time. Regardless of my arrival time, my appointment will end on time to make sure those following my appointment aren't delayed.

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 _____