

A Touch Above CO, LLC

Karen Lee, LMT, CNMT

Massage Waiver Form

Please take a moment to read and initial all of the following statements:

_____ If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

_____ I affirm that I have notified my therapist of all known medical conditions and injuries.

_____ I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

_____ I understand that massage is entirely therapeutic and non-sexual in nature.

_____ By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

Information and Suggestions

- Prior to your massage, please remove contact lenses and all jewelry. Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments, a swimsuit or as much clothes as you'd like. You will be covered with a top sheet throughout your session. This is your massage and you should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during, or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

I have received the waiver form, and have read and agree to the policies therein.

Client name: _____

Client signature: _____ Date: _____

Therapist Signature: _____ Date: _____

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