



Release of Liability Waiver: Massage Services



Client History

1. Have you undergone any surgery in the last nine months?

Please Specify: _____

2. Do you have, or are you recovering from any serious injuries?

Please Specify: _____

3. Do you have any of these health problems past or present?

☐ Cancer ☐ Hormone Imbalance

☐ Diabetes ☐ Hysterectomy

☐ Epilepsy ☐ Thyroid

☐ Heart Disease ☐ Varicose Veins

☐ Numbness ☐ Headaches

☐ Phlebitis ☐ High Blood Pressure

☐ Swollen Glands ☐ Bruise Easily

☐ Osteoporosis ☐ Arthritis

☐ Fibromyalgia

☐ Other Joint Disorder: _____

☐ Other Circulatory System Disorder: _____

☐ Contagious Skin Condition: _____

☐ Broken Skin / Sores / Wounds: _____

4. Do you:

Exercise Regularly? ☐ Yes ☐ No

Are you pregnant / trying? ☐ Yes ☐ No

Allergies

1. Do you have any allergies to lotions, oils, or nuts?

Please Specify: _____

2. Do you have any other allergies?

Please Specify: _____

Medications

1. Are you currently taking any medications or antihistamines?

Please Specify: _____

Massage Preferences

1. What type of massage do you prefer?

☐ Light ☐ Medium ☐ Deep

2. What area(s) do you feel tension, stiffness, or discomfort?

3. What type of massage lotion do you prefer?

☐ Unscented ☐ Kukui Nut / Coconut

☐ Lavender ☐ Orange Blossom

4. Are you sensitive to warm therapeutic towels and warm lotion?

☐ Yes ☐ No

Most client suffer no adverse side effects from massage treatments. However, side effects can include but are not limited to; mild redness, soreness, and mild bruising, all of which are temporary.

I understand that massage sessions are for general wellness purposes only and that I should see a doctor or other healthcare provider for diagnosis and treatment of any suspected medical problem. I understand that it is my responsibility to take care of myself at all times during the massage session. This includes taking responsibility for my emotions and body and that the therapist is responsible only for giving a therapeutic massage.

I understand that any attempt to engage in a discussion or touch of a sexual nature will result in the termination of the massage and removal from the spa. In this case I will be liable for payment in full.

I confirm to the best of my knowledge, that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. All information on this form will be kept strictly confidential.

I agree to hold Spa Escape, and its employees harmless for any and all side effects, which may result from my informed decision to receive a massage treatment. I have read and understand the above release of liability waiver and hereby give my consent to receive a massage treatment.

Name (please print): _____

Signature: _____ Date: _____