

MASSAGE THERAPY INFORMED CONSENT AND AGREEMENT

Client Name: _____

Date: _____

1. Consent to Massage Therapy:

I hereby consent to receive massage therapy treatments provided by the massage therapist. I understand that massage therapy involves the manipulation of soft tissues of the body and that the therapist will use their professional judgment to apply appropriate techniques.

2. Health Information:

I have provided a complete and accurate health history and understand that it is my responsibility to inform the therapist of any changes in my medical condition. I understand that massage therapy is not a substitute for medical treatment and that no medical diagnoses will be made.

3. Contraindications and Precautions:

I understand that there are certain conditions that may contraindicate or require modification of massage therapy, including but not limited to contagious skin conditions, fever, infections, blood clots, fractures, severe osteoporosis, and pregnancy. I have disclosed all relevant health conditions to my therapist.

4. Risks and Benefits:

I acknowledge that while massage therapy is generally safe, there are potential risks including soreness, bruising, allergic reactions to oils or lotions, and, in rare cases, more serious complications. Benefits may include relaxation, pain relief, improved circulation, and enhanced wellbeing.

5. Confidentiality:

All personal and health information shared with the massage therapist will be kept confidential except as required by law or with my explicit consent. I understand that records will be maintained securely and disposed of according to professional standards.

6. Cancellation and Refund Policy:

I agree to provide at least 24 hours notice for appointment cancellations or rescheduling. Late cancellations or no-shows may be subject to a fee as established by the therapist. Fees for services are due at the time of service unless otherwise agreed.

7. Consent to Treatment:

I confirm that I have read and understood this consent form, that all my questions were answered to my satisfaction, and that I freely consent to receive massage therapy treatment. I understand that I may withdraw my consent at any time during the treatment.

8. Limitation of Liability and Release:

I agree to release and hold harmless the massage therapist and any affiliated entities from any liability, loss, or damage arising from or related to the massage therapy sessions, except in cases of gross negligence or willful misconduct.

9. Agreement to Pay:

I agree to pay for all services rendered at the time of treatment unless other arrangements have been made in advance. I understand that failure to pay for services may result in collection actions.

10. Client Responsibilities:

I accept responsibility for communicating openly with my therapist regarding my comfort, health conditions, and concerns. I agree to notify the therapist immediately if I experience any adverse reactions to the treatment.

11. Photography and Recordings:

I understand that no photographs, audio, or video recordings will be made without my prior written consent.

12. Governing Law and Jurisdiction:

This agreement shall be governed by and construed in accordance with the laws of the United States and applicable state law. Any disputes arising under this agreement shall be subject to the exclusive jurisdiction of the courts located within the therapist's state of operation.

CLIENT SIGNATURE

THERAPIST SIGNATURE

Signature: _____

Signature: _____

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