

I, \_\_\_\_\_, understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. Additionally, I may request Somatic Experiencing for the purpose of learning to better regulate my nervous system.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. And I agree to discuss with my physician, chiropractor or other qualified medical specialist any changes I plan to make concerning medications or other regimes they have prescribed, if I am feeling better as a result of the massage/body work/Somatic Experiencing.

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Signed

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Dated

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Printed Name