Massage General Liability Release Form

By signing below, you understand that you are seeing an independent massage therapist who is NOT an employee of Foothills Chiropractic Health Center LLC. Your business is with the massage therapist who is responsible for themselves. Foothills Chiropractic is not liable for any issues, misconduct, injuries, etc. By signing you also agree to the following:

- I give my permission to receive massage therapy.
- I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- I understand that the massage therapist does not diagnose illnesses, injuries or prescribe medications.
- I have clearance from my physician to receive massage therapy.
- I understand the risks associated with massage therapy include, but are not limited to:

Superficial bruising
Short term muscle soreness
Exacerbation of undiscovered injuries.

I therefore release the massage therapist from all liability concerning these injuries that may occur during the massage session.

- I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- I understand that I or the massage therapist may terminate the session at any time.
- I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Patient Signature:_____. Date:_____.