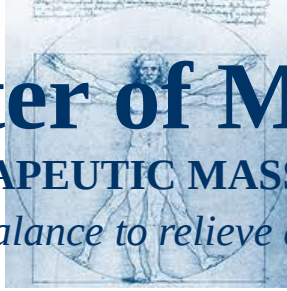


A Matter of Muscles

THERAPEUTIC MASSAGE

Restoring balance to relieve discomfort



Massage Therapy Waiver Form

Please initial each statement then sign and date below.

_____ I understand that massage therapy and body work are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.

_____ I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations. I have been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.

_____ I understand that services offered today, and in the future, are not a substitute for medical care and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

_____ I have stated all of my known medical conditions on the Client Intake Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

_____ I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that A Matter of Muscles and the practitioner shall not be liable should I fail to do so.

_____ I understand that all massage therapy and bodywork offered is strictly nonsexual.

_____ By signing this release, I hereby waive and release A Matter of Muscles and it's massage therapist/bodywork practitioner from any and all liability, past, present, and future relating to massage therapy and bodywork.

I have received the policy statement, and have read and agree to the policies therein.

Client Name _____

Client Signature _____ Date _____