



## 620 Massage LLC Client Waiver

Please read and sign

1. I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, except that such information may be used by 620 Massage, LLC for statistical analysis for scientific purposes.

2. I hereby give my consent to receive massage services and/or other bodywork or treatment (the "Services") from 620 Massage, LLC. and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my soleresponsibility. I acknowledge that my receipt of the Services from 620 Massage, LLC may result in bodily injury to me or my death. My decision to receive Services from 620 Massage, LLC is voluntary, and I know of, understand and assume any and all the risks associated therewith.

3. In exchange for receiving Services from 620 Massage, LLC, I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless 620 Massage, LLC, its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen and unforeseen. Further, I will indemnify and hold 620 Massage, LLC, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

4. I understand that massage therapy is provided for stress reduction, relaxation, relief from Muscular tension and improvement of circulation and energy flow.

5. If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

6. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal and skeletal adjustments, diagnose, prescribe, or treat physical or I affirm that I have notified my therapist of all known medical conditions and injuries.

7. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

8. I understand that massage is entirely therapeutic and non-sexual in nature.

By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.