



CLIENT CONSENT & LIABILITY DISCLAIMER FORM

michaeljLifepurpose.com

HANDS ON THERAPIES

Reflexology | Massage Therapy | Sports Massage | Healing Therapy

Client Full Name: _____

Date of Birth: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact Name & Phone: _____

1. Health Disclosure

I understand that it is my responsibility to inform the therapist of any medical conditions, injuries, surgeries, allergies, medications, or changes in my health status.

Please check any that apply:

- Heart condition
- High/Low blood pressure
- Diabetes
- Recent surgery
- Pregnancy
- Chronic pain
- Skin conditions
- Blood clots / clotting disorders
- Cancer (current or past)
- Other: _____

I confirm that the information I have provided is accurate and complete to the best of my knowledge.

2. Nature of Services

I understand that reflexology, massage therapy, sports massage, and healing therapies are provided for relaxation, stress reduction, relief of muscular tension, and general wellness purposes.

I understand that these services:

- Are not a substitute for medical care or medical diagnosis.
- Do not replace treatment prescribed by a licensed physician.
- Are not intended to diagnose, treat, cure, or prevent any disease.

I understand that no guarantees of results have been made.

3. Assumption of Risk

I understand that although the therapist will take every reasonable precaution, there may be inherent risks involved, including but not limited to:

- Temporary soreness
- Bruising
- Muscle tenderness
- Fatigue
- Emotional release

I voluntarily assume all risks associated with receiving these services

4. Consent to Treatment

I voluntarily consent to receive reflexology, massage therapy, sports massage, and/or healing therapy services.

I understand that I may withdraw my consent or request modification of techniques at any time during the session.

5. Release of Liability

I hereby release and discharge the therapist and business from any and all liability, claims, demands, damages, or causes of action arising out of or related to the services provided, except in cases of gross negligence or wilful misconduct.

6. Professional Boundaries

I understand that all services are strictly professional and therapeutic in nature. Any inappropriate behaviour may result in immediate termination of the session.

7. Payment & Cancellation Policy

Payment is due at the time of service unless otherwise agreed.

I understand that failure to provide adequate notice for cancellation (____ hours) may result in a cancellation fee.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____
