

Massage By Carey

Disclosure, Consent & Waiver Form

Massage and Bodywork Disclosure and Consent

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular pain and tension, and improvement of circulation and energy flow.
- 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.
- If uncomfortable for any reason, I may ask the therapist to cease the massage and the therapist will end the massage session.
- 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 or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- 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.
- I understand that the massage services provided are entirely therapeutic and non-sexual in nature. Therapeutic techniques performed may include but not limited to: Deep Tissue, Neuromuscular Therapy, Cupping, Swedish, Sports, Active Isolated Stretching, Trigger Point Therapy, Graston Technique, Traction.
- I understand draping is required. Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients. The therapist will drape the breasts of all female clients and not engage in breast massage of female clients without the written consent of the client.

Cupping Therapy Disclosure and Consent

- Information has been provided to me about Cupping Therapy and I have read over the pre and post cupping instructions. If I choose to experience these therapies during treatments, I understand the potential side effects, risks and benefits.
- I understand any markings, discoloration, and redness to the skin will dissipate from a few hours to as long as two weeks and in relation to my after-care activities. I understand these markings are not injuries and not bruises.

Financial Disclosure and Consent

- Payment is due when services are rendered.
- There is a \$35 charge for all returned transactions including credit card & checks.
- I authorize Massage By Carey to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. You may cancel this authorization at any time by contact us in writing. This authorization will remain in effect until cancelled.
- If I do not show, 15 minutes late, or cancel my appointment with less than 24 hour notice, I authorize Massage By Carey to charge 100% of the session fee using the credit card I have on file, or by invoice.

Privacy & Security Notice

We protect your information using physical, technical, and administrative security measures to reduce the risk of loss, misuse, unauthorized access, disclosure and alteration. We use PCI (payment card industry) and HIPAA (health insurance portability and accountability act) security standards. Some of the safeguards we use are firewalls and data encryption, physical access controls, and information access controls. We make every reasonable effort to protect our customers' private information and to store it securely in accordance with the above standards.

Liability Waiver

I hereby waive and release Massage By Carey and its entire staff, massage therapists and body work practitioners from any and all present and future liability, loss, cost, claim, or damage whatsoever, which may be imposed upon the company relating to massage therapy and bodywork; including but not limited to deep tissue therapy, neuro-muscular therapy, kinesio-taping, cupping therapy, hot stone, reflexology, acupuncture, energy work, nutritional therapies, all forms of kinesiology, aromatherapy, craniosacral therapy, myofascial release, trigger point therapy, stretching, strength and conditioning training. I further undertake to indemnify and hold Massage By Carey harmless from any incident(s) arising from my use of the Massage By Carey services.

I have read the statements above and agree to all the policies

Therapist Signature: Carey Gage Lic #MT104366

Client Signature: _____

Date: _____