

### CLIENT WAIVER FORM

Please read and initial the following information where applicable:

\_\_\_ I understand that the services offered today are not a substitute for medical care; and that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

\_\_\_ I understand that reflexology and acupressure are entirely therapeutic and non-sexual in nature.

\_\_\_ If I experience pain or discomfort during the service, 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.

\_\_\_ 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 or Bliss Reflexology's part should I forget to do so.

\_\_\_ If I am having **Cannabidiol Oil(CBD oil)** massage, I acknowledge that I am NOT allergic to this oil.

\_\_\_ By signing this release, I hereby waive and release my therapist and Bliss Reflexology from any and all liability, past, present, and future relating to reflexology therapy and bodywork.

RM:

By:

<input type="checkbox"/> Swedish	<input type="checkbox"/> Deep Tissue	<input type="checkbox"/> CBD Oil	<input type="checkbox"/> Aroma
<input type="checkbox"/> Hot Stone	<input type="checkbox"/> Cupping	<input type="checkbox"/> Prenatal	<input type="checkbox"/> Detox
<input type="checkbox"/> Custom Healing		<input type="checkbox"/> Sports	
<input type="checkbox"/> Lymph Drainage		<input type="checkbox"/> Himalayan Salt Stone	

*Minutes you would like:*

30  60  90  120

*Pressure you would like:*

Soft  Medium  Hard

*Areas of your body you want MORE massage:*

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Back
<input type="checkbox"/> Lower back	<input type="checkbox"/> Hands	<input type="checkbox"/> Arms	<input type="checkbox"/> Hips
<input type="checkbox"/> Legs	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Feet (___ minutes)	

*Areas of your body you do NOT want massage:*

*Do you have pain or discomfort in any body parts so you would like the masseuse to take caution?*  Yes  No

*If yes, please list the body part(s):*

*Would you like stretching?*  Yes  No

Client Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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