## Bliss Reflexology

## **CLIENT WAIVER FORM**

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Please read and initial the following information where applicable: Please read and initial the following information where applicable: I understand that the services offered today are not a substitute for medical 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 care; and that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. adjustments, diagnose, prescribe, or treat physical or mental illness. I understand that reflexology and acupressure are entirely therapeutic and I understand that reflexology and acupressure are entirely therapeutic and non-sexual in nature. non-sexual in nature. If I experience pain or discomfort during the service, I will immediately 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 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 comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. experience during or after the session. I agree to inform the therapist of any changes in my health and medical 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 condition. I understand that there shall be no liability on the therapist's or Bliss Reflexology's part should I forget to do so. Bliss Reflexology's part should I forget to do so. If I am having Cannabidiol Oil(CBD oil) massage, I acknowledge that I If I am having Cannabidiol Oil(CBD oil) massage, I acknowledge that I am NOT allergic to this oil. am NOT allergic to this oil. By signing this release, I hereby waive and release my therapist and Bliss 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 from any and all liability, past, present, and future relating to reflexology therapy and bodywork. reflexology therapy and bodywork. RM: By: RM: By: □ Deep Tissue ☐ CBD Oil □ Aroma ☐ Swedish ■ Swedish ☐ Deep Tissue ☐ CBD Oil ☐ Aroma ☐ Hot Stone ☐ Cupping □ Prenatal □ Detox ☐ Hot Stone ☐ Cupping □ Prenatal □ Detox □ Custom Healing ■ Sports ☐ Custom Healing ■ Sports □ Lymph Drainage ☐ Himalayan Salt Stone □ Lymph Drainage ☐ Himalayan Salt Stone Minutes you would like: Pressure vou would like: Minutes you would like: Pressure you would like: ☐ Soft ☐ Medium ☐ Hard □ 30 □ 60 □ 90 □ 120 □ 30 □ 60 □ 90 □ 120 ☐ Soft ☐ Medium ☐ Hard Areas of your body you want MORE massage: Areas of your body you want MORE massage: ☐ Shoulders ☐ Back ☐ Head □ Neck ☐ Head □ Neck ☐ Shoulders ☐ Back ☐ Lower back ☐ Hands ☐ Arms ☐ Hips ☐ Lower back ☐ Hands ☐ Arms ☐ Hips ■ Abdominal ☐ Feet ( minutes) ☐ Leas □ Legs ☐ Feet ( ■ Abdominal minutes) Areas of your body you do NOT want massage: Areas of your body you do NOT want massage: Do you have pain or discomfort in any body parts so you would like Do you have pain or discomfort in any body parts so you would like the masseuse to take caution? □ No ☐ Yes the masseuse to take caution? ☐ Yes □ No If yes, please list the body part(s): If yes, please list the body part(s): Would you like stretching? ☐ Yes □ No Would you like stretching? ☐ Yes ☐ No Client Name\_\_\_\_\_ Client Name Signature \_\_\_\_\_ Date Signature \_\_\_\_\_ Date