

Bliss Reflexology
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.

<input type="checkbox"/> Swedish <input type="checkbox"/> Deep Tissue <input type="checkbox"/> CBD Oil <input type="checkbox"/> Aroma <input type="checkbox"/> Custom Healing <input type="checkbox"/> Cupping <input type="checkbox"/> Hot Stone <input type="checkbox"/> Himalayan Salt Stone	Office Use By: RM:
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How many minutes would you like?

30 60 90 120

How much pressure do you prefer?

Soft Medium Hard

Areas of your body you want MORE massage:

Head Neck Shoulders Back
 Lower back Hands Arms Hips
 Legs 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 _____