

# REFRESH BODYWORK

## CHAIR MASSAGE CONSENT & RELEASE

**By signing below, you agree to the following:**

1. You acknowledge that you have scheduled one or more chair massage(s) from Jennifer Reiter with Refresh Bodywork.
2. You are physically capable of getting on and off the massage chair safely.
3. You do not have any injuries or conditions that should prevent you from receiving massage and have not been told by a physician that you should not receive massage.
4. You will inform the massage practitioner about any medical or physical condition that may affect your ability to receive chair massage, including but not limited to: any heart conditions, lung conditions, high blood pressure, stroke or paralysis, diabetes, cancer, arthritis or joint problems, any back or neck problems, bruise easily or take blood thinners, numbness or tingling, headaches or migraines, infectious diseases, autoimmune diseases, recent surgeries, recent injuries, pregnancy.
5. Every effort will be made to "Do No Harm" to you. However, you understand that it is your sole responsibility to inform the massage practitioner if you experience any pain or discomfort during the session.
6. You also agree to accept full responsibility for your body and actions and agree to release and indemnify Jennifer Reiter, Refresh Bodywork or any of its trustees, officers or staff from any and all claims or injuries relating to this or any future massage session.
7. You understand that the massage is for relaxation and stress relief purposes only.
8. Jennifer reserves the right to refuse service to individuals who are showing outward signs of illness, intoxication or recreational drug use.
9. You understand that any inappropriate behavior will result in the immediate termination of my services and full payment is expected.

Check Applicable Box:

I have no physical, mental or other conditions precluding chair massage.

I have the following physical, mental or other conditions that may affect receiving chair massage (list all):

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Printed name: \_\_\_\_\_

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