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I Understand That I Will Be Receiving Hot Stone Massage As An Adjunct Form Of Healthcare Only And That This Therapy Is Not Meant To Replace Appropriate Medical Care. I Release The Massage Therapist/practitioner Of Any And All Liability

For Any Harm That May Unintentionally Occur During My Treatment(s). 10th, 2024

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Other _____ Light Medium Deep Sensitivities? yes No _____ Want Massaged?
 Yes No Please Explain _____ What Are Your Goals For This Treatment Session?
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