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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). 4th, 2024

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What Type Of Massage Are You Seeking? ☐ Relaxation ☐ Therapeutic/Deep Tissue Other _____ ☐ Light ☐ Medium ☐ Deep Sensitivities? ☐yes No _____ Want Massaged? ☐ Yes ☐ No Please Explain _____ What Are Your Goals For This Treatment Session? ...File Size: 164KB 2th, 2024

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Authorized Pickup Contact Information: Name Relationship Phone Number . Student Medical Information . Emergency Contact Relationship Phone Number . Medical Condition:

Participant Should Be Free From Any Known Physical Or Health Problems That Could Prevent Participation In The Activities Associated With The Program Or Activities Described Above.
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