



# BLUE ROSE BODYWORKS

*Hands on for a Better You!*

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**(207) 314-4739    bluerosebodyworks.com**

61 Shores Road Oakland, Maine 04963

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## **Notice Waiver & Consent**

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is an ancillary health aid and is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to: • Superficial bruising • Short-term muscle soreness • Exacerbation of undiscovered injury
- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that my body will be draped for warmth, sense of security and as a mark of massage therapy professionalism. **I UNDERSTAND THAT MASSAGE THERAPY IS NOT SEXUAL IN ANY MANNER AND THAT ANY ILLICIT OR SUGGESTIVE REMARKS OR BEHAVIOR ON MY PART WILL RESULT IN AN IMMEDIATE TERMINATION OF THE THERAPY SESSION. I ALSO UNDERSTAND THAT PAYMENT WILL BE EXPECTED IN FULL, REGARDLESS IF THE MASSAGE IS COMPLETED OR NOT.**
- 9) I understand that I or the massage therapist may terminate the session at any time.
- 10) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

I hereby assume full responsibility for receipt of the massage therapy, and release and discharge Blue Rose BodyWorks and therapist Barbara Doone from any and all claims, liabilities, damages, actions, or causes of action arising from the therapy received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the therapist, to the fullest extent allowed by law.

By signing this consent and waiver ("Consent") I understand and agree that this Consent will apply to and govern the current and all future massage therapy sessions performed by Blue Rose BodyWorks and Barbara Doone.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date