

## Massage Therapy Waiver and Consent Form

**Unit 18—4801 Steeles Ave. West. Toronto, ON N9K 2W1;**

**[www.juliawellnesscenter.com](http://www.juliawellnesscenter.com) Tel: (647) 352-7720, juliawellness@hotmail.com**

I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. I further understand that the massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform skeletal adjustments, diagnose and/or prescribe, and that nothing said in the course of session should be construed as such.

Because massage is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Date(MM/DD/YYYY):

Patients signature:

Name (please print):