



Date: _____

Chair Massage Release Statement

PLEASE READ and SIGN

I authorize George James Licensed Massage Therapist, to perform chair massage. I acknowledge that my choice to participate is my complete and personal responsibility. I have informed the therapist of any medical or physical condition which may affect my 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.

In consideration for this, I do hereby discharge this therapist, all affiliates, directors, officers and employees from any and all causes of action, suits, debts, claims and any kind whatsoever arising from or by reason of any injuries which might occur as a result of having a chair massage performed. By signing below, I acknowledge that I have read and understand the meaning of this release.

Please briefly give details of any medical or physical condition: _____

Client Name _____ Phone _____

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____