

**Ashiatsu Massage of Winter Park, LLC
Winter Park, FL**

Client Consent Form

I, _____ (please print your name), understand that:

- Massage therapy is not a substitute for medical examinations or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.
- The relationship between the client and the therapist is a confidential one and that all information provided to the therapist will be kept confidential.
- My body will be draped at all times for comfort, security and warmth.
- I have the right to request and require that any procedure or technique be modified, changed, or stopped.
- I have the right to have any part of my body not massaged (please let the therapist know).
- The massage therapist is a licensed professional and has the right to terminate a session under the circumstances where I use unwanted, harmful or offensive language or behavior.
- I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated of any changes.
- I will inform the therapist of any discomfort, so the application of pressure or strokes may be adjusted accordingly to fit my level of comfort.
- By signing this form, I also give consent for future sessions. I have read this form and hereby freely give my permission to be massaged.

If I am a minor, I confirm that I have reviewed this consent form with my guardian.

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(if applicable)

Therapist Signature: _____ Date: _____