



West Linn Holistic Center

Client Waiver Form

Please take a moment to read the following information.

Late Arrivals

If you arrive late, your session will be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the entire price of the session.** Out of respect and consideration for the therapist and other clients, please plan accordingly and arrive on time.

Consent

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified the therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that this is a therapeutic massage session, and **any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.**
- I understand that male and female genitalia will not be exposed or touched at any time. Draping will be used for your privacy and comfort and is required by Oregon state law.
- I understand that the Massage Therapist reserves the right to refuse services to me for any reason they deem is necessary.
- I understand that massage therapy work involves maintaining touch and close physical proximity over an extended period, there may be an elevated risk of disease transmission, including COVID-19.
- By signing this release, I hereby waive and release my therapist from all liability, past, present, and future, relating to massage therapy and bodywork.

I agree and consent to assessment and treatment. I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

I have read and agree to the terms, statements & policies above.

Signature _____ Date: _____