

Eaton Sport & Spine Clinic

Informed Consent

- I understand that the massage(s) I receive are for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain/discomfort during the session, it is my duty to immediately inform the massage therapist so the massage may be adjusted to my level of comfort.
- I understand this massage is in no way a substitute for medical examination, diagnosis, or treatment. I understand the massage therapist is not qualified to perform spinal or skeletal adjustment, diagnose, prescribe, or treat any physical or mental illness and that nothing said in any session(s) should be construed as such.
- Because massage should not be done under certain conditions, I affirm I have stated all my known medical conditions and answered all questions honestly. I agree that it is my responsibility to keep the massage therapist updated of any changes in my medical profile and understand there shall be no liability on the massage therapist's part if I fail or forget to do so.
- Payment in full will be rendered upon completion of massage. Cash, credit and check are the accepted methods of payment.
- If I cannot keep my scheduled appointment, I will call at least 24 hours ahead of time, so my slot may be filled by another client
- I understand that if I do not call or show up for my scheduled appointment, I will be expected to pay half of the total amount of the bill due from the missed appointment, before I can make my next appointment.
- **I clearly understand that ANY illicit or sexually suggestive remarks or advances made by me toward the massage therapist will result in an immediate end to the session and I will be liable for full payment of the terminated appointment.**

Client signature: _____ Date: _____

Consent of treatment for a minor child

I hereby authorize and give permission for a massage therapist (_____) to administer massage/body work care to my _____ (indicate relationship of child).

Name of child: _____ Age: _____

Parent/Guardian signature: _____

Date: _____