



Liability Release & Cancellation Policy

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, relief of muscular tension, and increased circulation. Techniques may include any or all of the following: Neuromuscular Therapy, Swedish, Deep Tissue, Trigger Point, and Myofascial Release. Modest draping will be utilized at all times unless agreed upon in writing by both the client and the therapist. All body parts may be addressed, except genital and breast areas without explicit written consent. If I experience any pain and/or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I may also request that the session be discontinued at any time, for any reason, and that the therapist will honor that request.

I further understand that massage or bodywork 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 any mental or physical ailment of which I am aware. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage/bodywork should not be performed under certain medical 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 condition and understand that there shall be no liability on the therapist's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I also agree to give verbal notice of cancellation, for any reason, within **twenty-four (24)** hours of the appointed session time or I will be liable for the full session rate. The undersigned does hereby release the undersigned massage therapist, Eclipse Wellness, and all management and ownership of any and all liability, and/or claims pertaining to any present or future physical or mental condition that I may have.

Printed Client Name

Printed Therapist Name

Signed Client Name

Signed Therapist Name

Date

Date / LMT Number