

**PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING
INFORMATION AND SIGN WHERE INDICATED.**

I understand the massage and or bodywork I receive is provided for the basic purpose of relaxation of muscular tension. If I experience any pain or discomfort during the session, I should immediately inform the therapist so the pressure and or strokes may be adjusted to my level of comfort. Further, I understand that bruising can occur due to varying tissue and health conditions. I understand that bruising is more prevalent in longer or deeper therapies and certain areas of the body may also be more sensitive than others. I understand the goal is no bruising or discomfort and that communication is the key.

I further understand that massage and or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental, emotional or physical ailment that I am aware of. I understand massage or bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical, emotional or mental illness, and nothing said in the course of the session given should be construed as such. Because massage or bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known conditions and answered all questions honestly since some therapies could actually aggravate certain conditions. I agree to keep all therapists at Souly Inspired LLC updated as to any changes in my medical profile and understand that there shall be no liability on the part of the therapist should I neglect to do so. It is also understood 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 understand that essential oils may be used as a part of my therapies.

I understand all client files are kept in confidence and made available only to the therapists at Souly Inspired LLC or as requested in writing by your personal physician, care specialist or insurance carrier.

I understand that should I need to cancel an appointment I will do my best to do so within 24 hours of the appointment time if not, I will be charged the full amount and receive an hour of Long Distance Reiki. Also should I arrive late I will be charged for a full session even though I may not receive the amount of time originally scheduled so as not to inconvenience the next client.

Client Signature _____ **Date** _____

I hereby abide by the above and authorize Souly Inspired LLC permission to perform the following therapy on the **minor child** whose signature is above. Please circle: Massage Rock & Unlock Rain Drop Reflexology

Parent or Guardian Signature **Parent or Guardian Printed Name** **Date**

****BODY SPECIFIC RELEASE FORM****

The purpose of this statement is to create clear boundaries between the Therapist and the Client, to educate the Client prior to any work performed around the Breasts, Gluteals and Abdominals. Your comfort and safety are our highest concern.

This release form is mandatory; otherwise, NO Pectoral, Gluteal or Abdominal work will be exercised. Breast tissue is to be avoided when performing Pectoral massage. However, it may require access or manipulation of the sides, or flanks of the upper body. The Areola of the breast tissue will NOT be touched by the therapist and should NOT ever be exposed.

By signing I have read and understand the above statement and consent to have area specific bodywork done by the therapist.

Client Signature _____ **Date** _____

Reasons for area specific bodywork:

