

Yahara Therapy
Susan Frikken, CMT
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Bodywork Client Waiver and Consent

I, the undersigned, understand that massage therapy is for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, increased self-awareness, and improvement of circulation and energy balance.

I understand that the massage practitioner does not diagnose illness, disease or any other physical or mental disorder. The massage practitioner does not prescribe medical treatment of pharmaceuticals, nor does she perform any skeletal/joint manipulations. It has been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a physician for any physical ailment that I may have.

I have stated all of my known medical conditions on the intake form, and realize it is solely my responsibility to keep the massage practitioner updated on any changes in my physical health. I have consulted a medical doctor or health care practitioner regarding these conditions.

I understand that services offered today are not a substitute for medial care, and that any information provided by the therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

I will inform the massage therapist of any known medical condition that I have, diagnosed by a medical professional, or self-assessed. I will inform the massage therapist of any medications or other treatments administered to me by myself or a medical professional.

By signing this release, I hereby consent to waive and release Susan E. Frikken, CMT (dba "Yahara Therapy") and any other business with which she is affiliated, from any and all liability past, present and future relating to massage therapy and bodywork.

I agree to actively participate, as much as possible, in my own healing and health maintenance.

I understand that all massage therapy and bodywork offered is strictly non-sexual.

I have received the policy statement, and have read and agree to the policies therein.

Client Name _____

Parent/Guardian Signature _____
(for Clients age 17 years or younger)

Client Signature _____

Today's Date _____