



## CLIENT CONSENT FOR MASSAGE THERAPY

BY SIGNING BELOW YOU AGREE TO THE FOLLOWING:	INITIALS
I give permission to receive Massage Therapy.	
I understand the importance of informing my Massage Therapist of all conditions and medications I am taking, and to let the Massage Therapist know about any changes to these. I understand that there may be additional risks based on my physical condition. I understand there will be no liability on the Massage Therapist if I forget to do so.	
I understand that it's my responsibility to inform my Massage Therapist of any discomfort during the massage session so he\she may adjust accordingly.	
I understand that I or the Massage Therapist may terminate the session at any time.	
I have been given a chance to ask questions about the Massage Therapy session and my questions been answered.	
Should the client have to cancel an appointment for any reason. I agree to give the Massage Therapist notification at least 24 hrs in advance of that appointment. I understand that the therapist may charge \$20.00 for missed appointments.	
The RMT has explained and I fully understand the proposed assessment and/or treatment.	

I, \_\_\_\_\_ have requested assessment and/or treatment by this Registered Massage Therapist \_\_\_\_\_ for treatment of the clinically relevant areas indicated below:

- Buttocks (Gluteal Muscles)  
  Chest Wall Muscles  
  Upper Inner Thigh(s)

Name of Client (PLEASE PRINT) \_\_\_\_\_ Date: DD / MM / YYYY

Signature of Client \_\_\_\_\_ Date: DD / MM / YYYY

Registered Massage Therapist \_\_\_\_\_ Date: DD / MM / YYYY