

CONNECTION STUDIO  
Massage Therapy Informed Consent

Please take a moment to carefully read the following information and sign where indicated.

I understand that massage therapy provided by Amy Zukoff, LMT, is for the purposes of stress reduction, pain reduction, relief from muscle tension, increasing circulation, facilitating movement, reducing swelling, and cleansing the body's lymph system.

If at any point during the massage I am uncomfortable or uneasy with the treatment being administered, and/or I experience pain, I understand it is my responsibility to IMMEDIATELY inform the massage therapist, so that the massage can be terminated or the strokes and pressure can be adjusted to a level of comfort.

I understand that massage therapy does not diagnose illness or disease, or any other disorder, and that the massage therapist does not prescribe medical treatment or pharmaceuticals, are nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical examinations or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

I have stated all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.

By signing this form, I also give consent for future sessions. I have read this form and hereby freely give my permission to be massaged.

**If you have a medical condition or specific symptoms, massage therapy may be problematic for you. A referral from your primary health care provider may be required prior to treatment being provided.**

1. Prior to massage, remove all jewelry. Pull long hair back with a clip.
2. Please provide feedback as to pressure (deeper or lighter) and discuss painful or ticklish areas of your body.
3. Feel free to ask questions about the treatment. The massage therapy provider is well trained, ethical, and professional and will be happy to make you feel well informed and comfortable.
4. Keep all changes to the medical and health profile updated, neglecting to report health care change may result in the termination of treatments.
5. Any illicit or sexually suggested remarks or advances will result in immediate termination of the treatment.

I HEREWITH UNCONDITIONALLY WAIVE ANY AND ALL POSSIBLE CLAIMS FOR DAMAGES AND RESTITUTION OR OTHER RIGHTS WHICH MAY ARISE IN CONNECTION WITH SUCH MASSAGE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature