ARUKAH WELLNESS CENTER (AWC) CHAIR MASSAGE INFORMED CONSENT & LIABILITY RELEASE

By signing below, I agree to the following:

\*I voluntarily request and consent to the automatic massage chair therapy at AWC.

\*I understand that it may take a few sessions to find the setting that I enjoy most.

\*I understand that the massage that I will receive is for the purpose of general wellness and relaxation, stress reduction and relief of muscular tension only.

\*I do not have any injuries or medical conditions that prevent me from receiving massage therapy. I understand the importance of informing the employees at AWS of all medical conditions and medications that I am taking that may cause additional risk.

\*I agree to update AWS on any new health conditions that develop after signing this release.

\*Contraindications to massage include but are not limited to:

^Pregnancy ^Blood clot/ Deep Vein Thrombosis ^Contagious conditions

^When I have bruising/ wounds/ rash/ sunburn in area to be massaged

^High blood pressure ^Undiagnosed Tumor ^Rheumatoid Arthritis

^Certain medications/ medical treatments ^Infections ^Fever ^Blood disorders

^Undiagnosed migraines ^Herpes ^Undiagnosed pain \*Fibromyalgia

 ^Active Cancer ^ injuries/ fractures ^Nausea/ Dizziness ^Under the age of 10

\*If I experience pain or discomfort, I will turn off the power to the automatic massage chair by pushing the power button or using the voice command “Hello Kiri” and then once she responds I will say “emergency stop” until the chair stops. I will then inform an employee or owner at AWC and I will not hold AWC responsible for any pain or discomfort or reaction I may experience during or after the session.

\*I understand the risks associated with massage therapy include but are not limited to:

^Superficial bruising ^Short term muscle soreness ^Exacerbation of an undiscovered injury

\*I do not have any contagious conditions that may put AWC or other clients at risk.

\*Any questions I have about automatic massage therapy have been answered.

\*I agree to wear booties on my hands and feet as well as clean the massage chair after each session.

\*I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage have been addressed to my satisfaction.

By signing this form, I give my consent to proceed with the automatic massage chair service and accept the potential risks involved.

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Name Printed Client Signature Date