The Mindful Body
Massage • Aesthetics
Acupuncture

Agreement and Release of Liability

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: ( )_____-_____ **DOB:** _____/_____/_____

EMAIL: _____

Welcome to The Mindful Body Massage Therapy, LLC. We are delighted you have chosen our massage therapy services! The Mindful Body Massage only hires licensed massage therapists. Proof of licensure is available upon request. Proper draping will be used at all times throughout the massage session as required by Missouri Law. If during your massage you feel uncomfortable, please ask your therapist to end your session.

It is your responsibility to inform your therapist of any pre-existing health conditions, limitations or specific sensitivities. It is also your responsibility to inform your therapist of any discomfort you may experience during your massage. If you feel any discomfort, please do not hesitate to ask your therapist to adjust the level of pressure. You understand and voluntarily accept any risks associated with your massage or from any use of the company's facilities, including, without limitation, personal, bodily or mental injury, economic loss or damage to you resulting there from. You further herby release all of the foregoing personnel and entities from all liability arising from any such injury or damage resulting from your failures to disclose any pre-existing condition, limitation or specific sensitivities, or your failure to inform your therapist of any discomfort during the massage session. Your therapist may determine that it is unsafe for you to proceed with or continue a massage due to health-related concerns. In this event, you may be required to provide The Mindful Body Massage with a physician's medical release prior to continuing treatment. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment. I understand that therapists are not qualified to diagnose, prescribe or treat any physical or mental illness. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. The undersigned acknowledges that you have read and understood this agreement.

CLIENT SIGNATURE_____ **DATE:** _____/_____/_____
(Parent or Guardian if Minor)

EMERGENCY CONTACT INFORMATION:

NAME: _____ **PHONE:** ( )_____-_____

MEDICAL HISTORY: Please check all that apply: (past or present conditions)

☐ HIV/AIDS	☐ Headaches	☐ Neck Problems	☐ Sprain/Strains
☐ Cancer	☐ Heart Problems	☐ Osteoarthritis	☐ Spinal Problems
☐ Back Problems	☐ High/Low Blood Pressure	☐ Osteoporosis	☐ Strokes
☐ Carpal Tunnel	☐ Insomnia	☐ Other	☐ Tendonitis
☐ Diabetes	☐ Lupus	☐ Pregnant	☐ TMJ/Jaw Pain
☐ Disc Problems	☐ Muscle Spasms/Cramps	☐ Recent Surgeries	
☐ Fibromyalgia	☐ Muscular Sclerosis	☐ Rheumatoid Arthritis	

Explanation:_____

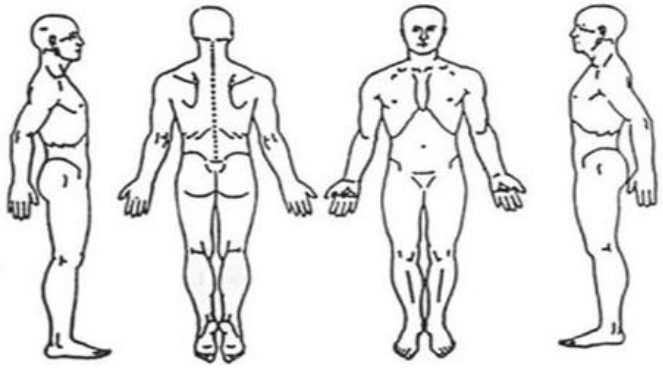
_____

_____

List of Current Medications: _____

_____

Please indicate the areas you would like your therapist to concentrate:



DESIRED PRESSURE:

☐ Light ☐ Firm ☐ Deep

How did you hear about The Mindful Body Massage? _____

Have you ever received massage therapy before? ☐ YES ☐ NO

If so, what establishment? _____

☐ **PLEASE CHECK THIS BOX IF YOU PREFER NO OTHER VERBAL COMMUNICATION DURING THIS MASSAGE.**

Please note: *We may ask questions throughout the massage to make sure you are comfortable and to make sure the massage is as effective as it can be.*

MUSIC PREFERENCE:

☐ Spa Serenity ☐ Nature Sounds

☐ Gentle Instrumental ☐ Other_____

24 HOUR CANCELLATION POLICY:
When you reserve an appointment time with any of our providers it is our responsibility to provide you with excellent massage, facial and/or acupuncture in a professional and timely manner.

As a service-based business, ***our providers are paid per session*.** It is our policy to request payment equal to half of the service charge for forgotten or willfully missed appointments that are not cancelled within 24 hours of scheduled appointment.

Proper notification consists of a Text, Voicemail or Email to our office ***the day prior to your scheduled appointment.***

I agree that I will be responsible for paying 50% of my scheduled service amount if I do not provide significant 24-hour notice.

SIGNATURE: _____ DATE:_____/_____/_____