Oasis Massage

Chair Massage Liability Waiver & Sign Up Sheet

Date: _____ Location: _____ LMT: _____

1. I do not have any injuries or conditions that would prevent me from receiving a chair massage, nor have I been told by a health provider that I should not receive massage therapy.
2. I understand that I may be asked about my general health and physical condition and that I am obligated to be truthful about my health history.
3. I understand that massage therapy & bodywork are for the purposes of stress reduction, relief from muscular tension or spasm, general relaxation and improvement of circulation & energy flow. It is not a substitute for medical care and qualified medical diagnosis.
4. I understand that massage is for therapeutic purposes and that any inappropriate behavior will result in the immediate termination of the massage.
5. I will report any discomfort or pain at any level to my practitioner.
6. By signing this waiver, I hereby for myself, my heirs, administrators and assignees, waive and release any and all rights and claims for damages that may hereafter accrue to me, or which I have against Oasis Massage (PHM Services LLC) for all and any injury, loss, pain and suffering, and damages suffered by me during the course of or in any way connected to this chair massage session.

Name	**Phone or Email** *(optional)*

Provide an email if you want to be added to our mailing list.
Provide a phone number if you want us to call you to make an appointment.