



Texas Spine & Wellness

1919 S. Shiloh Rd., Suite 107, Garland, TX 75042

Ph: (972) 840-2520 Fax: (972) 840-2435

RELEASE

Please read carefully and sign below.

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. Techniques may include Swedish, deep tissue, trigger point, and/or myofascial release. Modest draping will be utilized. All body parts may be addressed, except genital and breast areas. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I also may request that the session be discontinued at any time, for any reason, and the therapist will honor that request. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. 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. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage to my child or dependent as they deem necessary.

Signature of Parent of Guardian _____ Date: _____