

## Liability Release and Consent Form

You are about to become a client of Holly Bender for the purpose of Thai massage and/or Therapeutic Yoga.

My certifications are available for your inspection upon request.

These therapies work within the field of energy medicine. They are not intended to cure, diagnose, or treat any medical conditions, and should not replace treatment or consultation with a qualified physician or therapist.

On rare occasions, clients may have adverse reactions to the therapies. These may include headache, muscle soreness or slight bruising. If hot compresses are being used as part of the therapy techniques, there is a small chance of mild burning. If the technique of cupping and/or scraping is being performed, please be aware that there will likely be marks called "sha" that will be left on the surface of the skin. These marks look similar to bruises, though they are not breaks in blood vessels, and they disappear within 2-5 days. The marks are indications of stagnant blood and toxins being released by the body.

You are in complete control of the session, and if you feel/experience any of these symptoms at any time, please inform me so that I can correct the situation or discontinue the treatment. You agree not to hold me liable for any adverse effects of any treatments given.

Massage is an intimate art-form, which requires the close contact of client and practitioner. I respect your privacy completely, and remind you that you remain in complete control of the massage at all times. If for any reason, you feel uncomfortable at any time, please inform me immediately so I may take direct action to remedy the situation or discontinue the massage.

Your session will be conducted in utmost confidentiality. Your personal information delivered during massage or on my forms will not be shared with anyone for any reason.

\_\_\_\_\_ *Initial here if you are receiving this massage in your own home, to certify that you have requested this service.*

By signing this form, you acknowledge that you have read and agree to the above.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_