**Consent Agreement**

 “I understand that the massage given to me by **Soothing Hands Mobile Massage** is for the purpose of (*relaxation, pain reduction, relief from muscle tension, or increasing circulation.)”*

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have. If I experience any discomfort during the massage I will inform the therapist immediately, so the pressure and strokes can be adjusted.

I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes that occur.

I understand that California State Law requires my anatomical/private areas to be draped at all times by some sort of non-transparent covering.

I also understand that the License Therapist has the right to refuse or terminate the massage session at any time if there are any sexual suggested remarks or advances made. The massage also can be terminated if the therapist feels there are any massage contraindications that can result in the harm of the client.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

  Client Signature Date