



Wellness Massage & SPA Therapy Consent Form

Client Name: _____ Date: _____
 Date of Birth: _____ Phone #: _____ Email Address: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____

General and Medical Information

Have you ever experienced a professional massage? _____

Which area(s) would you like to focus on during this massage? _____

Which area(s) do you not wish to be massaged? _____

Please list any medications that could affect this massage, such as blood thinners:

Please check if you have any of the following conditions. If *yes*, please explain below as clearly as possible.

<input type="checkbox"/>	Stress	<input type="checkbox"/>	Wear Contact Lenses	<input type="checkbox"/>	Back Pain
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Cardiac/Circulatory Problems	<input type="checkbox"/>	Contagious Skin Condition
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Frequent Headaches/Migraines	<input type="checkbox"/>	Skin Issues? List below
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Epilepsy or Seizures	<input type="checkbox"/>	Bruise easily
<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	High/Low Blood Pressure	<input type="checkbox"/>	Allergies/Sensitivity
<input type="checkbox"/>	Numbness	<input type="checkbox"/>	Sensitivity to pressure/Touch	<input type="checkbox"/>	Open cuts and sores
<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Other conditions? List below	<input type="checkbox"/>	Allergies/Sensitivity
<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	Artificial Joint	<input type="checkbox"/>	Injuries in the past two years?

Comments: _____

Liability Release: I understand that the massage treatments I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical



examination, diagnosis, or treatment. 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 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 massage therapist updated as to any changes in my medical profile during the session and understand that I shall assume all liability for damages sustained as a result of my failure to provide the massage therapist with any changes. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and/or loss of massage service privileges. I also understand that the Licensed Massage Therapist reserves the right to refuse to perform massage on anyone who he/she deems to have a condition for which massage is contraindicated.

Policies & Etiquette:

- Massages are available by appointment only
- Massage clients must check-in for their appointment at the front desk.
- Massages may not be scheduled more than 6 months in advance.
- Massages are non-transferable. Single massages and/or specialty packages may not be used by other clients. If purchasing as a gift, the service must be purchased at the recipient's rate.
- Massage packages & Gift Certificates expire 12 months from the date of purchase.
- Individual massages and massage packages are non-transferrable and non-refundable.
- "Sunrise Spa" is not responsible for reminding clients of their scheduled massages
- A courtesy appointment reminder may be sent via email and WhatsApp. The reminder emails are sent out 24 hours before your appointment. It is the client's responsibility to check spam/junk mailboxes for any incoming mail. Sunrise Spa is not responsible for any bounced or failed email communications.
- If you choose to tip your therapist, we are unable to provide change at the front desk.
- Please arrive on time for your scheduled massage. If you are more than 10 minutes late, it will be at our discretion whether to accommodate a partial or full appointment. If you are more than 15 minutes late for a massage, your attendance will be automatically be a no show. The original reservation fee will be charged.

Client Signature: _____ Date: _____