MASSAGE CLIENT INTAKE AND RELEASE OF LIABILITY FORM

NAME: _____ **HOME PHONE:** _____ **CELL PHONE:** _____

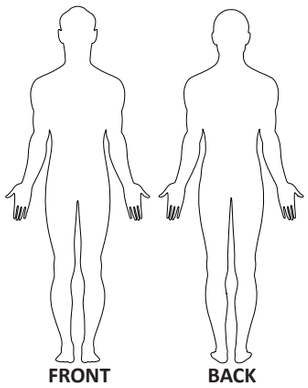
ADDRESS: _____ **CITY/STATE/ZIP:** _____

DOB: _____ **EMERGENCY CONTACT:** _____ **CONTACT PHONE:** _____

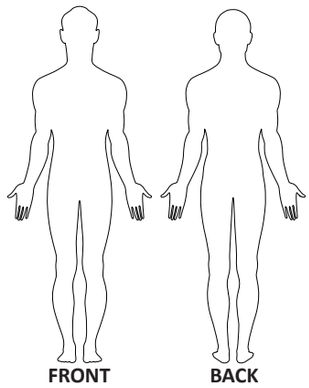
Are you Pregnant?: _____ Have you ever had a massage? YES NO If yes, which type: _____

Email address: _____

Please indicate on **DIAGRAM** areas for **FOCUSED ATTENTION**



FRONT **BACK**



FRONT **BACK**

Please indicate on **DIAGRAM** areas to **AVOID**

PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

- □ Contagious Skin Condition
- □ Open Sores or Wounds
- □ Easy Bruising
- □ Recent Accident / Injury
- □ Recent Fracture
- □ Recent Surgery
- □ Joint Replacement
- □ Sprains / Strains
- □ Current Fever / Chills
- □ Swollen Glands
- □ Allergies / Sensitivities

- □ Heart Condition
- □ Pacemaker
- □ High / Low Blood Pressure
- □ Circulatory Disorder
- □ Varicose Veins
- □ Atherosclerosis
- □ Phlebitis
- □ Blood Clots / Joint Disorder
- □ Osteoporosis
- □ Epilepsy
- □ Headaches / Migraines

- □ Cancer
- □ Diabetes
- □ Numbness
- □ Back / Neck Issues
- □ Fibromyalgia
- □ TMJ
- □ Carpal Tunnel
- □ Tennis Elbow
- □ Frozen Shoulder
- □ Swelling (where) _____
- □ Pregnant (how many months) _____

Please explain any checked conditions listed above and anything else you think your therapist should be aware of: _____

Please list any medications prescribed or you are currently taking you think your therapist should be aware of: _____

DISCLAIMER: This place of business is not responsible for lost or stolen property, nor will this place of business be held liable for any injury or condition that arises from application of massage despite completion of this form. This form is intended as an assessment tool only and serves as a guide for the application of massage, not for medical treatment or medical assessment. Draping will be used during this session. Only the body area being worked on will be uncovered. Clients under the age of 18 must have a parent or legal guardian present to provide a signature for authorization for the therapeutic massage session and must be with the same gender massage therapist.

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session. I realize that the treatment is being given for the well being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised. I understand that the service providers do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recom-mended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that all employees of Choy Chiropractic are licensed profession, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised.

I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Massage, Facials, Sauna, ZIFiT, ECT. or the use of any of the location's facilities. Except where prohibited by law; I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of Full Spectrum Infrared Sauna, or any other program, event or activity. I agree Choy Chiropractic will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Choy Chiropractic, anyone acting on Choy Chiropractic's behalf, or anyone using the services of the facilities of Choy Chiropractic, to the fullest extent permitted by law. This agreement together with Choy Chiropractic wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Choy Chiropractic from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, during the use of the full spectrum Infrared Sauna and/or from any advice or services provided by an employee, independent contractor or any representative of Choy Chiropractic. I agree that this application and waiver is in effect for all massages, facials and/or Full Spectrum Infrared Sessions or any other services, and will not expire unless specifically requested by either party.

I understand that Choy Chiropractic is a tranquil and professional environment and that any inappropriate behavior may result in termination of my services and full payment is expected. By signing this form, I agree to the above terms and release Choy Chiropractic and its employees from any liability.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION): This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/er release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabiity incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Guardian if Minor: _____ Date: _____ Emergency Phone: _____