# Massage Therapy Informed Consent & Waiver of Liability

- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care.
- I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition.
- I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature. 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 held responsible for the payment of the full session.
- I understand that if I choose to partake in self-care exercises (including but not limited to self myofascial release, corrective exercises, strength exercises, breathing exercises, etc.) suggested by the therapist, the informed consent/agreements listed below under 'Fitness Services' apply.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

**Fitness Services Informed Consent & Waiver of Liability**

In consideration of participating in fitness club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Altius Performance and its owners, coaches, trainers, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- I acknowledge that fitness club activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- I expressly accept and assume all of the risks inherent in the activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that even conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
In the event that I file a lawsuit, I agree to do so solely in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**CANCELLATION POLICY**

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapist/coach's day that could have been filled by another client. As such, we require 24 hours notice for any cancellations or changes to your appointment. Clients who provide less than 24 hours notice, or miss their appointment, will be charged the fee for the full session. Clients are asked to arrive approximately 5 minutes early for your therapist/coach to review your client intake form and consult with you. In the event you arrive late to your scheduled appointment time, your time on the table/in the training session will be adjusted to end promptly at the scheduled end time; full payment will still be required. By signing below you agree to these terms.

Client Name:_____

Signature:_____Date:_____

For clients who are minors, the Parent or Guardian must sign:

Printed Name of Parent/Guardian:_____

Parent/GuardianSignature:_____Date:_____