



MASSAGE THERAPY INFORMED CONSENT & WAIVER

My Dear Guest, please take a moment to carefully read the following information and, upon your agreement, fully fill out, sign, date and return both pages of this form IN ADVANCE by email to info@maribycorpening.com.

CONSENT

I understand that the massage therapy services I receive is for the basic purpose of relaxation and relief of muscular tension.

If at any point during the massage, I am uncomfortable or uneasy with the procedures being administered and/or if I experience pain, I understand it is my responsibility to IMMEDIATELY inform the massage therapist, so that the massage can be terminated or the strokes and pressure can be adjusted to a level of comfort.

I further understand that massage therapy is not a substitute for a medical examination, diagnosis and/nor treatment.

Prior to massage therapy, I will remove all jewelry and pull long hair back with a clip.

I will provide feedback as to pressure (deeper or lighter) and discuss painful or ticklish areas of my body.

Because I understand that massage therapy should not be performed under certain medical conditions, I will inform the therapist of all of my known medical conditions and answer all questions honestly.

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 liable for full payment of the scheduled appointment.

I understand that there shall be no liability on the massage therapist(s), subcontractors/suppliers, the property, the landlords, the staff, the business(s), nor the owner(s) of MaribyCorpening d/b/a Private Stay By MadlyGiving (the "Released Parties").

WAIVER & RELEASE

Accordingly, I represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me:

I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in massage therapy, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release, discharge and forever hold harmless the Released Parties from all such claims.

I agree to indemnify, discharge, release and hold harmless the Released Parties from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in massage therapy, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

I have carefully read and reviewed this Consent, Waiver, Release And Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

SIGNATURE

Name: _____ **Date:** _____



MASSAGE THERAPY INTAKE INFORMATION

TALK TO YOUR THERAPIST

Know that your therapist is not only here to deliver massage therapy services, but also to ensure a comforting, relaxing and overall healing experience. Accordingly, before your massage, talk to your therapist about what type/form/style of services you prefer, degree of touch—whether you prefer soft, gentle, mild, strong, deep, etc., location of any pain areas and especially, any medical conditions.

IMPORTANT: It is vital to inform your therapist of your medical condition—*e.g.*, if you're pregnant, recent injury or surgery, medications, allergies, skin conditions, circulatory, respiratory and/or digestive issues, etc. When in doubt, DON'T! If you suffer from a particular illness and are unsure if it is safe for you to receive massage therapy, please check with your medical doctor before scheduling an appointment. Accordingly, a Consent & Waiver Form is required!

If you have a medical condition or specific symptoms, massage therapy may be problematic for you. A referral from your primary health care provider may be required prior to services being provided.

CLIENT CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip Code: _____

Cell/Phone: _____

Email: _____

Emergency Contact: Name: _____

Phone: _____

Relation: _____

Physician Contact: Name: _____

Phone: _____

NOTE: Upon your review, please fill out the forms in full, sign, date and email to info@maribycorpening.com. Separate forms required for each guest receiving a massage. Without forms, services will NOT be rendered and payments will not be refunded. *Non-refundable* Payment due in full at time of reservation!