Massage consent form

Consent to massage treatment

I voluntarily request and consent to massage treatment provided by **[Business Name]** and its therapists.

Depending on the services offered and agreed with me, treatment may include:

- Swedish or relaxation massage
- Deep tissue massage and trigger point work
- Sports massage, stretching and myofascial techniques
- Cupping
- Hot stone massage
- Prenatal massage
- Other techniques offered by **[Business Name]** and explained to me before use

My therapist will explain the techniques they plan to use before the session. I may ask questions at any time and may decline any technique.

I understand that I may withdraw my consent, ask for changes or end the session at any time, for any reason.

Purpose and limits of massage

I understand that massage is provided to support relaxation, comfort and general well-being.

My therapist does not diagnose illness or injury, prescribe medication or perform spinal or skeletal adjustments, and nothing said during the session should be taken as a medical diagnosis.

Massage is not a substitute for medical examination, diagnosis or treatment. If I have a health concern, I will consult a doctor or other qualified healthcare professional, and I will continue any treatment they have recommended.

No particular result has been promised to me.

Health disclosure and contraindications

I have provided, or will provide, accurate health information on the business's intake form or directly to my therapist.

I agree to tell my therapist before treatment, and before any later session, if any of the following apply to me:

- Pregnancy or possible pregnancy
- Blood clots, deep vein thrombosis or a history of them
- Heart conditions or high or low blood pressure
- Recent surgery, injury, fracture or sprain
- Skin conditions, rashes, open wounds, bruises or infections
- Varicose veins
- Cancer or current cancer treatment
- Diabetes, nerve damage or reduced sensation
- Osteoporosis or joint replacements
- Fever, contagious illness or feeling unwell
- Allergies or sensitivities to oils, lotions, scents or latex
- Medication that thins the blood, affects sensation or causes bruising

I understand that my therapist may change, delay or decline treatment if they reasonably believe massage is unsuitable, and may ask for clearance from a healthcare professional.

Areas to treat and areas to avoid

Before the session, my therapist and I will agree which areas of my body will be treated.

I may ask the therapist to avoid any area for any reason, and I may change my mind during the session.

My therapist will ask before working on sensitive areas such as the glutes, abdomen, chest or upper inner thigh. I understand that the genitals are never touched or treated.

Draping and modesty

I may undress to the level I am comfortable with, and I may stay partly or fully clothed.

My therapist will leave the room while I undress and dress, unless I ask for help because of a mobility need.

I will be covered with a sheet, towel or blanket throughout the session, and only the area being worked on will be uncovered. I may ask for more covering, a warmer or cooler room, or a change in position at any time.

Pressure, communication and the right to stop

I understand that massage should not be painful. Some techniques may cause temporary discomfort, but I am in control of the pressure used.

I agree to:

- Tell my therapist if the pressure is too firm or too light
- Tell my therapist straight away if I feel pain, numbness, tingling, dizziness or discomfort of any kind
- Tell my therapist if I feel emotionally uncomfortable or want the session to change
- Speak up if anything about the treatment, positioning, draping or environment does not feel right

My therapist will check in with me during the session and will stop or change the treatment immediately when I ask.

Possible after-effects

I understand that massage is generally safe but that some people experience after-effects, which usually pass within a day or two.

Possible after-effects include:

- Muscle soreness or stiffness
- Tiredness or light-headedness
- Mild headache or thirst
- Bruising, particularly after deep tissue work or if I take blood-thinning medication
- Temporary circular marks or skin discolouration after cupping
- Skin redness or sensitivity from heat during hot stone massage
- Skin reactions to oils or lotions
- Emotional release

I will contact my therapist if an after-effect is severe or does not improve, and I will seek medical advice where appropriate.

Professional boundaries

I understand that massage treatment at **[Business Name]** is strictly professional and non-sexual.

Any sexual comments, requests, touching or behaviour by a client will result in the session ending immediately, with full payment due. The business may refuse future bookings and may report the behaviour where appropriate.

If I feel that a therapist has behaved inappropriately, I may end the session and raise my concern with **[Business Name]** or the relevant professional or licensing body.

Minors

A client under 18, or under the age set by local law, may receive massage only with written consent from a parent or legal guardian.

A parent or legal guardian must stay in the treatment room for the full session, unless the business's policy and local law allow otherwise.

Where I sign for a minor, I confirm that I am their parent or legal guardian and that I consent to treatment on their behalf.

Cancellation and late arrival

I agree to give at least **[Cancellation Notice Period]** notice if I need to cancel or reschedule an appointment.

Late cancellations or missed appointments may be charged up to **[Cancellation Fee]**.

If I arrive late, my session may be shortened so that the next client is not delayed, and the full session fee may still apply.

Assumption of risk

I knowingly and voluntarily accept the ordinary risks and possible after-effects of massage treatment described in this form.

I accept responsibility for injuries, reactions or complications caused or materially contributed to by:

- Health information I concealed or provided inaccurately
- A condition or change in my health that I failed to disclose
- My failure to tell my therapist about pain or discomfort during treatment
- My failure to follow reasonable aftercare advice

Liability release

To the fullest extent permitted by applicable law, I release **[Business Name]** and its owners, therapists, employees, contractors and representatives from claims arising solely from:

- Ordinary after-effects of massage knowingly accepted in this form
- Health information I concealed or provided inaccurately
- My failure to communicate pain or discomfort, or to follow reasonable instructions

This release does not exclude or limit liability that cannot legally be excluded or limited.

It does not apply to fraud, intentional misconduct, gross negligence, professional misconduct, violations of mandatory consumer rights or any other liability that applicable law prohibits the business from waiving.

Privacy and recordkeeping

I understand that the business may keep treatment notes and my health information where reasonably necessary to:

- Provide safe and appropriate treatment
- Record consent and treatment preferences
- Manage bookings and payments
- Respond to complaints, injuries or legal claims
- Meet professional, insurance and legal obligations

Information will be handled confidentially, according to the business's privacy notice and applicable data-protection laws.

Final declaration

By completing and signing this form, I confirm that:

- I have read and understood the entire form.
- The health information I have provided is complete and accurate.
- I consent to massage treatment using the techniques explained to me.
- I understand that massage is not a substitute for medical care.
- I understand that I may change the pressure, avoid any area or stop the session at any time.
- I understand the possible after-effects of massage.
- I agree to the professional boundaries and cancellation policy above.
- I will tell my therapist about any change in my health before future sessions.
- I had an opportunity to ask questions before signing.
- I understand that this form does not remove rights or protections that cannot legally be waived.

Client completion

Contact details

First name *

Last name *

Phone

Email *

Date of birth *

Techniques you consent to

- [ ] Swedish or relaxation massage
- [ ] Deep tissue
- [ ] Sports massage
- [ ] Cupping
- [ ] Hot stone
- [ ] Prenatal massage

Do any of the following apply to you? *

- [ ] Pregnancy
- [ ] Blood clots or DVT
- [ ] Heart condition or blood pressure problems
- [ ] Recent surgery or injury
- [ ] Skin condition or open wounds
- [ ] Blood-thinning medication
- [ ] Allergy to oils or lotions
- [ ] None of the above

Areas you would like the therapist to avoid, and any other details

- [ ] I have read, understood and agree to the Massage Consent Form above. I confirm that the information provided is accurate and that I consent to massage treatment on the terms described. *

Signature *