



STEP INTO WELLNESS

S.T.E.P. into Wellness
Striving Towards Endless Possibilities

MESSAGE THERAPY CLIENT AGREEMENT

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

Printed name of client (or guardian, if applicable)	Date	Relationship to client (if necessary)
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Signature of client (or guardian, if applicable)	Date	Relationship to client (if necessary)
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