

Sign In Sheet/ Consent Form

Date: _____

I understand that the Chair Massage is for relaxation purposes only and is designed to be a complementary health aid. I have no medical conditions or recent surgeries. I agree to immediately inform my therapist of any discomfort or unusual sensation so pressure or strokes may be adjusted to level of comfort. By signing my name on this list I am letting it be known that I do not hold Massage On The Go, Inc., the Massage Therapists and sponsor listed below responsible for any bodily damage or emotional/ psychological instabilities. I have read this form and freely give my permission to be massaged.

Please Print:

Massage Therapist(s) _____

Sponsor or facility where services are rendered _____

Name:

Email:

Initials

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