I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), understand that all massage services provided by Spencer Delling are for the basic purpose of relaxation and relief of muscular tension. It I experience pain or discomfort at any point during the massage session, I will immediately inform the therapist so that the pressure and/or strokes applied may be adjusted to my level of comfort. I further understand that massage should not be used as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical professional for any mental or physical condition that I have. I understand that masseuses are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have revealed all known medical conditions and answered all intake questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on Spencer Delling’s part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session and the full fee for the massage will be charged. I also understand that Spencer Delling, as a Certified Massage Therapist, reserves the right to refuse to perform massage, for reasons including but not limited to those listed above.

Signed:

Date: