

CLIENTS' VERIFICATION AND RELEASE

I, _____, verify that I have received written information concerning the possible benefits and the contraindicated conditions for massage therapy during pregnancy. The practitioner has discussed this information with me and provided opportunity for any questions. I have discussed with my prenatal health care provider/physician any health concerns that I had about my participation.

Having read, discussed, and understood the above information, I further verify that I have not had nor do I now have any complication to my pregnancy nor any of the conditions listed as contraindicated during which it would be inadvisable for me to receive massage, or I have obtained a maternity healthcare provider's release.

I understand that I will be receiving massage therapy as a form of adjunctive health care only and that this therapy is not intended to replace appropriate medical care.

I do forever release the practitioner and his/her insurers, and their respective officers, directors, stockholders, successors, employees and agents from all liability of any nature whatsoever, whether past, present, or future for any injury or damage which may occur to myself or my family as a result of my participation in this therapy.

I also agree to hold harmless and defend the practitioner from all actions, claims, or other legal or administrative action that has arisen or may arise directly or indirectly out of my and my child's participation in massage therapy.

Signed: _____ Date: _____

(Print) _____

MATERNITY HEALTHCARE PROVIDER'S RELEASE FOR THERAPEUTIC MASSAGE DURING PREGNANCY

_____, (patient), has requested prenatal therapeutic massage. These services are provided as adjunctive health care. When an individual's pregnancy is high risk, or she has experienced complications or contraindicated conditions, it is our policy to work with her only if her maternity healthcare provider has reviewed this request. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations which you feel to be appropriate. Thank you for your assistance.

Limitations: _____

Signature: _____

Date: _____