**Heath Hayes Massage Informed Consent Form**

 

Please take a moment to carefully read the following information and print and sign where indicated

**If you have a medical condition or specific symptoms. Massage therapy may be problematic for you. A referral from your primary health care provider may be required prior to treatment being provided.**

I understand that the treatment I receive is for the basic purpose of relaxation and relief of muscular tension.

If at any point during the massage I am uncomfortable or uneasy with the procedures being administered and/or I experience pain, I understand it is my responsibility to IMMEDIATELY inform Kalen, so that the massage can be terminated or the pressure can be adjusted to a level more comfortable.

I further understand that the massage is not a substitute for a medical examination, diagnosis or treatment.

Prior to massage, remove all jewellery. Pull long hair back with a clip.

 Please provide feedback as to pressure (deeper or lighter) and discuss painful or ticklish areas of body

Feel free to ask questions about the massage as Kalen is well trained and will be happy to make you feel well informed and comfortable.

**Any illicit or sexually suggestive remarks or advances will result in immediate termination of massage.**

**I Knowingly and willingly consent to this massage with the full understanding and disclosure of the risks associated with it and I can confirm that all of my questions were answered to my satisfaction.**

**I have read or had read to me the informed consent to massage form and appreciate that it is not always possible to consider every possible complication that may occur and that by signing below I agree to let Samon (Kalen) Page commence the massage.**

Customer Signature ……………………………………………………………………….

Customer name (Print) …………………………………………………………………..

Customer Contact Number …………………………………………………………….