



Prenatal Massage Release Form

First Name: _____ Last Name: _____
Email: _____ Phone Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Preferred Contact Method: _____ Date of Birth: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Are you currently pregnant? ____ Yes ____ No

Please list number of weeks pregnant (**Massage Studio cannot perform any massage on expectant mothers that are in their first trimester. Guest must be at least 13 weeks.**): _____

My physician and I have found the following exclusions to the below statements (**Please see the "Policy" portion of this form*):

MEDICAL & SPECIAL CIRCUMSTANCES

- We cannot perform any massage on expectant mothers that are in their first trimester. Guest must be at least 13 weeks.
- A doctor's note is required for guests undergoing any form of chemotherapy, radiation, or special medical circumstances.
- A doctor's note is required for a guest that was in a car accident within 72 hours.
- Minors 14-17 years old must have their guardian complete and sign the intake form. Guardian may be requested to stay on premise at the discretion of the therapist.

TERMS & CONDITIONS

- Massage Studio must be notified about any changes in address, contact information, and/or credit card information. Guest must notify Massage Therapist of any changes to medical conditions or massage preferences.
- Guests must follow spa rules and regulations. Massage Studio reserves the right to refuse or discontinue services for any reason.
- Pricing, hours, and policies are subject to change and may vary per location.
- All appointments will end at the scheduled ending time in order for us to stay on schedule. Guests who arrive late to their scheduled appointment will be charged for the full session and will not receive a time extension.
- We require a 24-hour cancellation notice. Cancellations within 24 hours are charged a \$30 cancellation fee. No shows are charged 100% of the service.
- Massage Studio is not responsible for lost or stolen property.
- All sales are final.

POLICY

Massage Studio Prenatal Release & Pre-Natal Massage Contraindications

Massage Studio Prenatal massages are designed to relieve fatigue, pain and tension during pregnancy that creates a nurturing environment for both mother and baby. However, there are risks associated with specific conditions that may occur during pregnancy. You must inform your massage therapist if you have or have had in the past any of the following conditions or symptoms which may make massage therapy during pregnancy contraindicated or may require a doctor's note.

- | | | |
|--|--------------------------------------|--|
| • History of miscarriage | • Abdominal pain | • Genetic abnormalities |
| • Gestational Diabetes | • Leaking of amniotic fluid | • Bloody discharge |
| • Cardiac, pulmonary, liver or renal disorders | • Fever | • Diarrhea |
| • Mother's age under 20 or over 35 | • Sudden edema/swelling | • Decrease of fetal movement over a 24-hour period |
| • Pitting edema | • Severe headaches | • Severe nausea or vomiting |
| • Epilepsy or other convulsive disorders | • Preeclampsia | • Asthmatic mother |
| • Placental or cervical dysfunction | • History of any high-risk pregnancy | • Hypertension |
| | • Drug exposure | |
| | • Multiples | |

I have received and read the above written information about the possible contraindications to massage therapy during pregnancy. I understand the information and confirm that:

- I have not experienced any of the complications on the attached sheet.
- I have not experienced any of the conditions listed, which would make it unwise to have massage therapy.
- I am experiencing a low-risk pregnancy.
- I am receiving medical care including regular check-ups throughout my pregnancy.

I understand that massage is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

I have been fully advised of the risks, contraindications, and complications to massage therapy during pregnancy. Accordingly, I do forever release the practitioners and their insurers, and the respective officers, directors, stockholders, successors, employees, and agents from all liability of any nature whatsoever, whether past, present, or future for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

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

By signing this form, I agree with the statements above and give my consent to proceed with prenatal massage.

Signature: _____ Date: _____