



# Holistic Waze

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## Disclaimer Agreement:

- I understand that massage therapy and bodywork are for the purposes of stress reduction, relief from muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.
- I understand that I am responsible for the entire payment at service, all sales are final. I understand that this practice does not submit to insurance companies, however they will provide a receipt and S.O.A.P. notes necessary for myself to submit.
- I understand that the bodywork practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform any spinal manipulations. It has been made very clear that massage therapy and bodywork are not substitutes for medical examination or diagnosis and that it is recommended that I see a medical practitioner for any physical ailment that I may have.
- I understand that services offered today, and in the future, are not a substitute for medical care and that any information provided by the therapist is for educational purposes **only**, and is **not** diagnostically prescriptive in nature.
- I understand that this practice holds a Illinois License to practice as a Massage Therapist and adheres to all the governing laws.
- I have stated all of my known medical conditions on the Intake Form. I have consulted a medical doctor or licensed medical health care practitioner regarding these conditions.
- I realize it is solely my responsibility to keep the bodywork practitioner updated on any changes in my physical health and I understand that @Holistic Waze or the practitioner shall not be liable should I fail to do so.
- I agree to actively participate, as much as possible, in my own healing and health maintenance.

By signing this release, I hereby waive and release from any and all liability, past, present, and future, relating to massage therapy and bodywork @Holistic Waze.

I have received the policy statement, and have read and agreed to the policies therein.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Adult if under 18 years old) \_\_\_\_\_