Infinity Dreamscapes

Massage Therapy Services

General Liability Release

I, _____, am providing Authorization for,__Infinity Dreamscapes___, to proceed with Massage Therapy Treatment Sessions on this day_____, Month of _____, Year of_____. I,_____, understand, **Infinity Dreamscapes** Professional License Massage Therapist is not a Primary Care Practitioner or a License Physician. I am fully aware the Licensed Massage Therapist is not Certified to Diagnose any injury or prescribe Over- Counter or Pharmaceutical Medication. I understand the High Importance of informing my License Massage Therapist of all Medical Conditions and Medications that I am taking.

Initials

_____ I, acknowledge to Provide Medical Clearance from my Primary Care Physician and Physician Specialist to proceed on receiving Massage Therapy Treatments.

_____ If Referred by an individual or organization, I acknowledge to present and provide Infinity Dreamscapes Referral Form.

_____ I, hereby acknowledge to provide and update my Professional Massage Therapist of any Physical Medical Changes from Date of Service of Infinity Dreamscapes New Client Registration Form. I understand Infinity Dreamscapes New Client Registration Form/ Return Client Form is accurately filled out based on Current Physical Medical Conditions.You agree that you have informed Infinity Dreamscapes Licensed Massage Therapist all all relevant Medical History, Symptoms, Medications, and/or concerns associated.

_____ I, understand there's additional risks based on my Current Health Condition. I understand Risks Associated with Massage Therapy includes, however, not limited to:

Superficial Bruising
Short-Term Muscle Soreness
Exacerbation of undiscovered injury (Required to be Address During Intake Consultation)

_____ I, hereby acknowledge that Intake Consultation prior to treatment is for additional Questions and/or concerns about Massage Therapy Date of Service.

_____ I, hereby acknowledge my Responsibility to inform my Professional Massage Therapist of any discomfort during the Massage Therapy Treatment so He/She may adjust accordingly. I understand that As a Infinity Dreamscapes Client or the Professional Massage Therapist may Terminate the Session at any time.

_____ I, acknowledge not to Alter Massage Therapy Treatment for additional services on Date Of Service. Please Contact Infinity Dreamscapes for more Information.

I, _____(Print Full Name) Authorized to Receive Massage Therapy Treatments. I Agree to all above Terms and Conditions.

_____ **Date:** ____/____/_____

(Client Signature)

Do Not Copy: Trademark General Liability Form Belongs to Infinity Dreamscapes