



General Liability Waiver

ACCEPTANCE OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE

To: Nora Bucher DBA mov.mob.mot (referred to in this agreement as the "Provider")

I agree to provide complete and accurate health information and notice of health changes as appropriate. Because massage therapy should not be performed under certain circumstances, I agree to inform the therapist of any changes in my health history and I release the massage therapist from any liability if I fail to do so.

I understand that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment. The massage therapist does not diagnose illness or disease, prescribe medical treatments, and I understand that nothing said or done during the session should be construed as such.

Massage therapy will be given as agreed upon by therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and/or health promotion.

I will immediately inform my massage practitioner of any unusual sensation or discomfort so that the pressure or methods may be adjusted to my level of comfort.

I understand that the massage is not sexually oriented in any way and that any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session.

I acknowledge that I am aware of the cancellation policy and that for subsequent appointments made, it is necessary that I provide 24 hours' notice of cancellation to avoid a missed appointment fee. Emergency circumstances will be considered individually.

By signing this document, I acknowledge that I have been informed and fully understand and accept responsibility for my health and any injury or mishap that may affect my wellbeing or health in any way. I will hold harmless of any responsibility or liability on behalf of any professional representing Nora Bucher, mov.mob.mot, involved with any treatment program either now or in the future.

Client Printed Name: _____

Client Signature: _____ Date: _____



Anamnesis

Name:	
Street:	
ZIP code, City:	
Phone:	Email:
Birthdate:	

Chief complain:

Have you had massage treatments before? YES NO
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Any precautions (medication, allergies, etc.)