

Assumption of Risk and Liability Waiver

All clients must agree to the following release and liability waiver, which is effective for all visits.

By signing below, I acknowledge and agree that:

- I understand that my therapist, Kevin Mefford, does not diagnose conditions or prescribe medications.
- The purpose of this massage is for relaxation and/or stress reduction, plus to balance, harmonize, release and heal of all four levels (physical, mental, emotional, and spiritual).
- I assume sole responsibility for my own health and will update my therapist with any change in medications and/or other therapy interventions.
- Massage will not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical physician and will continue to follow their instructions.
- I understand my therapist is not qualified to perform spinal or skeletal adjustments and will not be utilizing these techniques.
- If I experience any pain or discomfort during the session, I will immediately inform my therapist so that pressure and strokes can be adjusted to the level of my comfort. I understand this is my responsibility and will not hold my therapist responsible for any pain during or after the session.
- I release Kevin Mefford, my therapist, from all legal liability during my participation in treatments.
- All information received by me from my therapist is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Signature: _____

Print Name: _____

Date: _____

Emergency Contact: _____