

ARUKAH WELLNESS CENTER (AWC) CHAIR MASSAGE INFORMED CONSENT & LIABILITY RELEASE

By signing below, I agree to the following:

- \*I voluntarily request and consent to the automatic massage chair therapy at AWC.
- \*I understand that it may take a few sessions to find the setting that I enjoy most.
- \*I understand that the massage that I will receive is for the purpose of general wellness and relaxation, stress reduction and relief of muscular tension only.
- \*I do not have any injuries or medical conditions that prevent me from receiving massage therapy. I understand the importance of informing the employees at AWS of all medical conditions and medications that I am taking that may cause additional risk.
- \*I agree to update AWS on any new health conditions that develop after signing this release.
- \*Contraindications to massage include but are not limited to:

^Pregnancy   ^Blood clot/ Deep Vein Thrombosis   ^Contagious conditions  
^When I have bruising/ wounds/ rash/ sunburn in area to be massaged  
^High blood pressure   ^Undiagnosed Tumor   ^Rheumatoid Arthritis  
^Certain medications/ medical treatments   ^Infections   ^Fever   ^Blood disorders  
^Undiagnosed migraines   ^Herpes   ^Undiagnosed pain   \*Fibromyalgia  
^Active Cancer   ^ injuries/ fractures   ^Nausea/ Dizziness   ^Under the age of 10

\*If I experience pain or discomfort, I will turn off the power to the automatic massage chair by pushing the power button or using the voice command "Hello Kiri" and then once she responds I will say "emergency stop" until the chair stops. I will then inform an employee or owner at AWC and I will not hold AWC responsible for any pain or discomfort or reaction I may experience during or after the session.

\*I understand the risks associated with massage therapy include but are not limited to:

^Superficial bruising   ^Short term muscle soreness   ^Exacerbation of an undiscovered injury

\*I do not have any contagious conditions that may put AWC or other clients at risk.

\*Any questions I have about automatic massage therapy have been answered.

\*I agree to wear booties on my hands and feet as well as clean the massage chair after each session.

\*I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage have been addressed to my satisfaction.

By signing this form, I give my consent to proceed with the automatic massage chair service and accept the potential risks involved.

---

Name Printed

---

Client Signature

---

Date