

FLO~SSAGE SPA

In Accordance with the Texas Department of State Health Services, we are required to retain all client details & records.
ALL FIELDS REQUIRED

First & Last Name: _____ Date: _____

Home Address: _____ City & Zip: _____

Phone No: _____ Birthday (M) _____ (D) _____ (Y) _____

Email: _____ Occupation: _____

Please indicate the type of service you wish to receive today: **Swedish** **Deep Tissue** **Sports** **Prenatal**
Flotation **Aqua Massage**

Please list any current or past medical situations your therapist should be aware of: _____

Please list any areas of the body you wish the therapist to avoid: _____

If you are uncomfortable **for any reason**, please ask to cease the massage and your therapist will end the session immediately.

MESSAGE WAIVER OF LIABILITY

I understand that massage therapy is for the purpose of stress reduction, relief for muscular tension or spasm, for increasing circulation, and energy flow. I understand that the massage therapist cannot diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Please note, our massage therapists do not, at any time, do breast massage. Because a massage therapist must be aware of existing physical conditions, I have stated all my known medical limitations and take it upon myself to keep the massage therapist updated on my physical health today and during any future massages.

THIS ESTABLISHMENT ADHERES TO A STRICT NON-SEXUAL POLICY. IF AT ANY POINT DURING THE SESSION, THE CLIENT REQUESTS, GESTURES, OR PHYSICALLY TOUCHES THE THERAPIST IN ANY SEXUAL MANNER, THE MASSAGE WILL END IMMEDIATELY AND PAYMENT WILL BE DUE IN FULL. IN ADDITION, YOU MAY BE BANNED FROM FUTURE SERVICES AT THIS ESTABLISHMENT.

FLOTATION WAIVER OF LIABILITY

I will **not** use the flotation tank if (a) I have not showered thoroughly and still have oils, creams, or makeup on my body, (b) I have had any type of hair color/treatment within the past two weeks, (c) I am under the influence of alcohol or drugs, (d) I have a communicable or infectious skin condition, disorder, or disease, (e) I have open sores, (f) I am diabetic, unless my diabetes is under medical control, (g) I have incontinence, or voluntarily/involuntarily release of bodily fluids of any kind, (h) I have a history of heart trouble, epilepsy, seizures or blackouts and have not received my doctor's permission to use the flotation tank, (i) I am experiencing a heavy menstrual period or external vaginal episode, (j) I have a condition which may be adversely affected by cutaneous absorption of magnesium, and/or (k) I have a kidney disease.

I HAVE READ AND UNDERSTOOD ALL THE INSTRUCTIONS AND RULES FOR THE FLOTATION TANK. I am choosing to use the flotation tank of my own free will and will not hold Flo~ssage Spa and/or its owner/operators liable for any injury during a session or while on the premises. I understand that I may be held liable for any damage caused to the flotation tanks due to negligence on my part. Flo~ssage Spa reserves the right to refuse service to anyone.

Client's Signature _____ Date / / _____

Therapist's Signature _____ Date / / _____

OPTIONAL DRAPING POLICY

FLO~SSAGE SPA's policy states that draping will be used at all times, unless the therapist and client **BOTH** agree and sign below. Ask your therapist before your session starts! Not all therapists offer no draping!

Client's Signature

Therapist's Signature