

## Massage Registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # W: \_\_\_\_\_ H: \_\_\_\_\_ C: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Conditions: (Please check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pregnancy      | <input type="checkbox"/> High Blood Pressure           | <input type="checkbox"/> Recent Injury or surgery (please explain) |
| <input type="checkbox"/> Bruise Easily? | <input type="checkbox"/> Low Blood Pressure            | _____  |
| <input type="checkbox"/> Headache       | <input type="checkbox"/> Varicose Veins                | <input type="checkbox"/> Nerve damage (Where) _____                |
| <input type="checkbox"/> Migraine       | <input type="checkbox"/> Allergic to nuts or nut oils? | <input type="checkbox"/> Allergies (Please list)                   |
| <input type="checkbox"/> Diabetic       | <input type="checkbox"/> Athlete's Foot                | _____  |
| <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Cancer                        |  |
| <input type="checkbox"/> Rash           | <input type="checkbox"/> Inflammation                  |  |
| <input type="checkbox"/> Skin condition |  |  |

I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.

If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

If you have had a recent surgery you are asked to wait 30 days or get physician approval before making an appointment for massage.

All massages will be performed with proper draping. For sessions requiring deep stretching, you are asked to wear undergarments or a bathing suit.

Adequate hydration will facilitate healing and decrease possible soreness after a massage.

No one under 18 will be massaged without a parent or guardian present.

**Your appointment time is exclusively yours. Please make an effort to be prompt. If for any reason you will be unable to make your appointment, please provide us with 24-hour notice. Appointment cancellations with under 24 hours notice will incur a charge.**

Massage Therapy is not a substitute for medical examination and diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. Likewise, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does the therapist perform any spinal adjustments. Because massage / body work should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and understand that there shall be no liability on the practitioner's part should I fail to do so. I have received the policy statement, and have read and agree to the policies therein.

By signing this release, I hereby waive and release my therapist and Active Life Fitness Center from any and all liability, past, present, and future relating to massage therapy and bodywork.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Active Life Fitness Center  
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