

**Michele Ruppert Therapeutic Massage-Bodywork**

<http://www.micheleruppert.com/>

**Informed Consent/Release Form**

I understand that the massage therapy/bodywork that I receive is intended to enhance relaxation, reduce pain caused by muscular tension, increase range of motion, improve circulation, and offer a positive experience of touch. If I experience pain or discomfort during sessions with Michele Ruppert, I will immediately tell her so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, treatment or medication; and that I should see a physician, chiropractor, other qualified medical specialist, or your Primary Caregiver for treatment of any mental, physical, or medical condition that is a concern. I am aware that massage therapists/bodyworkers do not diagnose illness or disease, does not prescribe medications, and that spinal/skeletal manipulations/adjustments are not part of massage therapy.

Since massage/bodywork is contraindicated (should not be done) for clients with certain medical conditions, I affirm that I have stated all my known physical conditions, medical conditions and medications, and answered all questions honestly. I agree to keep Michele Ruppert updated as to any changes in my medical profile; and understand that there shall be no liability on the practitioner's part should I fail to do so.

By signing this form, I request to receive for myself, or as a parent/guardian of \_\_\_\_\_, massage sessions from Michele Ruppert. I hereby release Michele Ruppert from any kind of claim now or in the future. In the event I need to cancel a scheduled massage session, I agree to provide Michele Ruppert with a 24-hour notice or I will be responsible for payment for that appointment unless Michele Ruppert waives the fee for an unavoidable event.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_