

Stillpoint Studio Waiver and Consent Form

Please take a moment to read and initial the following statements

- _____ I understand that Ann Marie is not a Massage Therapist.
- _____ I understand that Ann Marie offers Relaxation Massage, and will be working to help my body relax, rather than fixing problems or treating areas of pain or injury.
- _____ If I experience pain or discomfort during the session, I will immediately inform Ann Marie so that pressure/movements can be adjusted to my level of comfort.

Do you have areas of injury that I need to avoid? _____

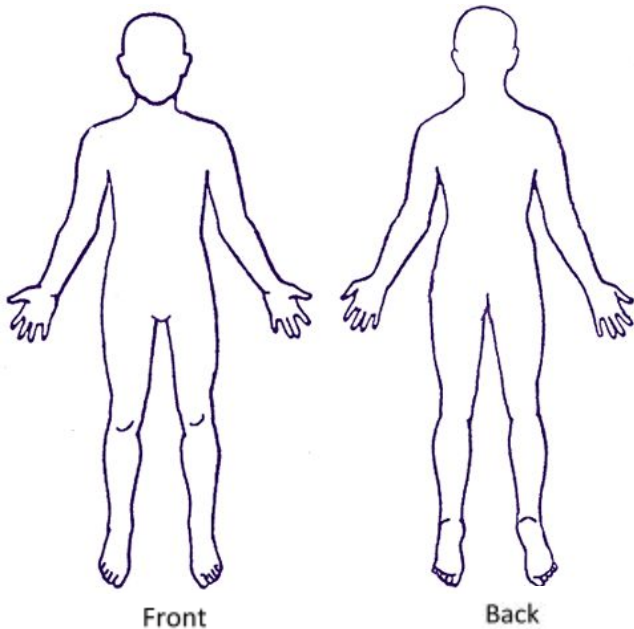
Do you have areas of numbness? _____

Is there any part of your body you do not like touched during a massage?

Ex: ears, feet, face _____

Are there any areas you would like me to pay extra attention to? _____

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Please circle areas of injury that I need to be careful of.

Name: _____

Phone: _____

Email: _____

How do you prefer to be contacted? _____

By signing this release, I hereby release Ann Marie Lisch from any and all liability relating to bodywork performed at Stillpoint Studio.

Date: _____

Signature: _____

How did you hear about Stillpoint Studio? _____