

Consent for Treatment & Liability Waiver for Body Soul Balance & Rejuvenation Therapy



By signing below, you agree to the following:

- I voluntarily request and consent to receiving massage therapy.
- I understand that the massage services provided are intended for general wellness, stress reduction, and relief of muscular tension only.
- To the best of my knowledge, I do not have any injuries or Medical conditions that would prevent me from safely receiving massage therapy. I understand the importance of informing my massage therapist of all known medical conditions and medications, and I acknowledge that additional risks may be associated with my physical condition.
- If I experience any pain or discomfort during the session, I will immediately inform my therapist, Yeghishe Boyajyan, so that the pressure or technique may be adjusted to my comfort level. I will not hold my therapist, Yeghishe Boyajyan, responsible for any discomfort I experience during or after the session.
- I understand that the potential risks associated with massage therapy include, but are not limited to:
 - Minor superficial bruising
 - Short-term muscle soreness
 - Aggravation of an unknown or pre-existing injury
- I affirm that I do not have any contagious conditions that could pose a risk to my massage therapist or other clients.
- I understand that either I or the massage therapist Yeghishe Boyajyan may end the session at any time for any reason.
- I have had the opportunity to ask questions regarding massage therapy, and all of my questions have been answered to my satisfaction.

I acknowledge that I have been informed of the policies and procedures related to massage therapy and that I understand them. I understand that massage therapy is not a substitute for medical care, and that I should consult a physician or qualified health provider for any medical concerns I may have. I further understand that massage therapists do not diagnose or treat illness, injury, or disease, and that nothing said during the session should be interpreted as medical advice or diagnosis. My consent is informed and voluntary, and I understand that I may withdraw it at any time, except for services already provided.

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- I understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and energy flow, and offer a positive experience of touch.
- I understand that massage therapy and other alternative therapies are not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my primary caregiver for any condition I may have.
- I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I understand that the services offered today are not a substitute for medical care.
- I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or medically treat physical or mental illness.
- I have notified my therapist of all known physical and medical conditions, medications, and injuries, and I take it upon myself to keep the therapist updated on my physical health.
- I understand that massage is entirely therapeutic and non-sexual. Sexual harassment is not tolerated. I reserve the right to refuse service to anyone or end a session immediately if the therapist feels threatened or compromised.
- There is a working weight and a static weight for the massage table. The working weight of a massage table refers to how much weight it can support in addition to the weight and pressure of the therapist giving the massage. If I weigh more than 350 pounds, I understand that the general working weight for a massage table ranges from 350 to 450 pounds, and there is always a risk of injury. I accept that risk when I choose to proceed with my massage, fully aware of the potential dangers involved.
- I am responsible for informing the therapist about any known allergies to any creams, essential oils, carrier oils, fabrics, or scents.

By signing below as described above, I give my consent to BodySoul Balance & Rejuvenation to receive a massage from my therapist Yeghishe Boyajyan LMT.

Client Name (Please Print)

_____/_____/_____
Date

Client Signature