



Dynamic Touch

Chair Massage Sign In Sheet

Your Therapist _____ Date _____

Please read before signing:

I understand that the massage I receive is provided for basic relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that pressure may be adjusted to my level of comfort. I further understand that this session is not intended to be medical care of any kind, and if I have any health concerns it is my responsibility to seek professional medical advice. A massage therapist is not qualified to diagnose any disease or illness, and nothing said during the course of the session should be construed as such. I agree to tell the therapist of any known medical conditions, and it is my responsibility to update the therapist as to any changes in my health. It is understood that any sexually suggestive remarks or advances made by me will result in immediate termination of the session. I understand that I may not receive a massage if I am intoxicated.

Print Name

email

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only
MT: _____ F/U Date: _____ TYC Date: _____ Scan Upload MBOinput