

## Chair Massage Informed Consent & Liability Release

We offer 10 minutes comp chair massage, ask the front desk for more details.

- I hereby voluntarily request and consent to receiving massage chair therapy.
- I understand that the massage that I receive is for the purposes of general wellness and relaxation, stress reduction, and relief of muscular tensions only.
- I do not have any injuries or conditions that prevent me from receiving massage chair therapy. I understand the importance of informing Good Day Dentistry of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.
- If I experience any pain or discomfort, I will immediately inform Good Day Dentistry so that the pressure or techniques used can be adjusted to my comfort level. I will not hold Good Day dentistry responsible for any pain or discomfort I experience during or after the session.
- I am physically capable of getting on and off a massage chair safely.
- I understand the risks associated with massage chair therapy include, but are not limited to:
  - Superficial bruising
  - Short-term muscle soreness
  - Exacerbation of undiscovered injury
- I understand that I or Good Day Dentistry may terminate the session at any time.
- I have been given the opportunity to ask questions about massage chair therapy and my questions have been answered.

I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage chair. I further understand that massage chair therapy is not a substitute for a medical examination or treatment, and that I should see a physical or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that Good Day Dentistry does not diagnose illness or disease, and nothing said during the massage should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form, I give consent to proceed with the massage chair service as outlined above.

\_\_\_\_\_

Client Name (Please Print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date

\_\_\_\_\_

Client Signature