

INFORMED CONSENT

I (name of client) _____

have received , read and understand the policies and procedures of
Angel Spa (Name of Massage Therapist)_____

has informed me of her qualifications, the kind of massage services to be provided, the benefits, risks and the goals of the session(s) that we have agreed upon. I understand that I retain the right to withdraw my consent at any time during any session.

I (name)_____ understand that the massage services provided by (name of therapist)_____ are intended to promote relaxations and circulation, and relieve stress, muscle tension, spasms and related pain. I understand massage therapy is not a substitute for medications or medical treatment and that the massage thereapist does not diagnose illness nor prescribe medical treatment or perform spinal manipulations.

I have informed the therapist of my medical and physical condition and of medications I use, and I agree to update the therapist of any changes in my health profile. I release the therapist of any liability if I fail to do so.

If I experience any discomfort or pain during my session, i will immediately inform the therapist so adjustment can be made to the treatment.

Client Signature _____ Date _____

Consent to treat a minor

I , the parent or legal guardian of (dependent 's name) _____

_____ authorized the therapist (name) _____

_____ to provide massage treatments to my

dependent or child.

Parent or Guardian Signature _____ Date _____

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