



**Superior
Strengthening
Systems**
Total strengthening and recovery for the body

Client Waiver Form

_____ I understand that fascial stretch/massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation, range of motion and energy flow.

_____ If I experience pain or discomfort during the session, I will immediately inform my practitioner so that pressure can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort experienced during or after the session.

_____ I affirm that I have notified my practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the instructor(s) part should I forget to do so.

_____ I understand that stretch/massage therapy sessions are designed to assist in greater stretch gains and are **non-sexual in nature**.

_____ I understand that there is a 24-hour cancellation policy. If I am unable to cancel before that time I will be responsible for the costs associated with that session.

_____ I agree that this is a cash only business and insurance will not be accepted.

_____ **I understand the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness**

By signing this release, I hereby waive and release my practitioner from any and all liability, past, present and future relating to these fascial stretch/massage sessions/bodywork

I have read and agree to these policies therein

Client name _____ Client signature _____

Parent signature (if under 18 years old) _____ Date _____