

General Liability Release Form (Adult Clients)

Tranquil Moments Massage Therapy

General Liability Release & Acknowledgment Form

I, the undersigned client, acknowledge that the massage therapy provided by **Tranquil Moments Massage Therapy** is intended to promote relaxation, reduce stress, and alleviate muscular tension.

I understand the following:

- Massage therapy may involve risks, including, but not limited to:
 - ✓ Temporary muscle soreness or discomfort
 - ✓ Allergic reactions to oils, lotions, or products
 - ✓ Aggravation of pre-existing medical conditions
- My participation in massage therapy is entirely voluntary.
- I have disclosed all relevant medical information to the therapist, including health conditions, recent injuries, or medications that may affect the session.
- It is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- I understand that I or the massage therapist may terminate the session at any time.

By signing below, I release **Tranquil Moments Massage Therapy**, its owners, and employees from any liability for injury or adverse reactions that may result from the massage session.

Client Full Name: _____

Signature: _____

Date: _____