



Tea Massage

Client's Verification and Release

Criteria for participation:

Pregnancy massage therapy and bodywork is beneficial throughout the nine months of pregnancy. If you have or have had any complications, conditions or high risk factors, discuss your condition with your massage therapist and your physician or prenatal health care provider. After further discussion you may be able to receive massage therapy with written release from your primary healthcare provider in addition to the attached release.

Postpartum massage therapy can commence 24 hours post delivery. You must have discussed receiving massage therapy with your primary healthcare provider. If there any complications or if you had a Caesarian delivery, you must have written release from your primary healthcare provider.

If you would like to receive massage therapy during your childbearing year please and sign the following verification and release. Together with any other releases that may be required, submit the signed form at your next appointment.

Client Verification and Release

I, _____, verify that I have received information regarding the possible benefits and the contradicted conditions for massage therapy during pregnancy and postpartum. The practitioner has discussed this information with me and provided ample opportunity for any questions. I have discussed with my primary healthcare provider any health concerns that I had about my participation.

Having discussed and understood the information provided to me, I further verify that I am experiencing a low risk pregnancy. I have not had nor do I now have any complications to my pregnancy. I do not have any conditions during which it would be inadvisable to me to receive massage. I have discussed any exceptions with the massage therapist and my primary healthcare provider. I have provided any additional releases requested and any risk factors, complications, or conditions I have had or am experiencing are listed here:

I understand that I will be receiving massage therapy as a form of adjunctive healthcare only and that this therapy is not intended to replace appropriate medical and prenatal care.

I do forever release the massage therapist and her insurers, and their respective officers, director, stockholders, successors, employees, and agents from all liability of any nature whatsoever, whether past, present future for any injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I agree to hold harmless and defend the massage therapist of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly or indirectly out of my and my child's participation in this therapy.

Signed: _____ Date: _____

(Print) _____



Tea Massage

Mother's Release

To: _____ (massage therapist)

I understand that I will be participating in massage therapy sessions as a form of adjunctive health care. My pregnancy is progressing normally. My prenatal healthcare provider is:

Signed: _____ Date: _____