



Plainfield Chiropractic Release of Liability for Massage Therapy.

I, the undersigned, acknowledge that I am seeking massage therapy of my own free will. I understand these services involve various forms of hands-on therapy. I understand I will be physically touched and for therapy to be executed, I may be partially unclothed. I agree to allow the therapist to perform physical manipulation within his/her realm of education. I understand I may obtain any information regarding any type of massage performed. I release the therapist from any damages in connection with contact.

Name of Client/Patient (print)

Signature of Client/Patient

Date Signed

Name of Therapist (printed)

Signature of Therapist

Date Signed