



PREGNANCY MASSAGE WAIVER

Client Name: _____ Date: _____

Therapist: _____

I hereby certify that I am pregnant but am medically fit to receive massage services. I certify that:

1. I am beyond the first trimester of pregnancy;
2. my pregnancy has not been determined to be “high risk” by a health care provider;
3. I am not aware of or experiencing any symptoms or health conditions which would render massage unsafe for me or endanger my pregnancy;
4. my health care provider has not advised me of any condition or medical reason why I should not receive massage therapy during pregnancy;
5. I will update my therapist on any changes in my condition during my pregnancy which may affect my ability to safely receive massage therapy during my pregnancy; and
6. I hereby consent to receive massage therapy after being advised of the risks of massage therapy during pregnancy. I waive all claims against my therapist and Freedom Massage and its agents for any injury related to my receipt of massage therapy during my pregnancy.

I hereby certify that the above statements are true and correct and I understand that I am waiving the claims stated above.

Client signature

Client name (printed)

Therapist signature

Therapist name (printed)