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### RELEASE FORM

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of.

Because massage/bodywork is contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly, I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I forget to do so.

It is also understood that any illicit or sexually suggestive or flirtatious remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the full scheduled appointment.

Should I need to cancel future sessions, I agree to give my practitioner 24 hours' notice or I will be financially responsible for the session time.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Practitioner \_\_\_\_\_

Date \_\_\_\_\_