

Signature Massage

805-907-5233

INTAKE FORM

Date: _____ File#: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____

ZIP: _____ Phone: _____ Cell: _____

DOB: _____ Age: _____ SEX: _____ Email: _____

Occupation: _____

In case of Emergency Name: _____ Phone: _____

Are you pregnant: _____ any surgeries in the past 3 months: _____

Have you been involved in an accident recently: _____?

Are there any medical conditions that I need to know about before your massage? _____

If Yes Describe: _____

HEALTH WARRANTY, RELEASE AND WAIVER OF LIABILITY:

If you have a specific medical condition or specific symptoms, massage maybe contraindication. A referral from your primary care provider may be required prior to service being provided. Please understand that massage therapist are not qualified to perform spinal or skeletal adjustments, diagnose, or treat any physical or mental illness, and that nothing said in the course of the massage session given should be construed as such. You represent that you are in good health and have no injury, disease or ailment which would cause increase risk of injury or adverse health consequences as a result of receiving a massage. Signature Massage and Kathy McCoy relying on this representation and you understand that Signature Massage and Kathy McCoy does not investigate or certify your health to receive a massage.

You, and on behalf your spouse, partner, heirs, legal representatives and assigns agree not to sue and hereby agree to defend, indemnify, release and hold harmless Signature Massage and Kathy McCoy from all actions, claims, demands, suits, losses, liabilities, charges, expenses, and cost (including attorney's fees) of any nature whatsoever which may arise out of, relate to, or result from, any injury, including without limitation, personal, bodily or mental injury, economic loss or damage to you, from using the services of Signature Massage and Kathy McCoy . This release waiver of liability is intended to be a complete release of any responsibility for personal injuries and property loss/damage sustained by you while at this facility. You understand and agree that this release is intended to be as broad and inclusive as permitted by laws of the State Of California and that if any portion of this release is held invalid, you agree that the balance of this release shall continue in full force and effect.

Signature: _____

Date: _____