



CONSENT FOR TREATMENT AND WAIVER OF LIABILITY

By signing this consent, I agree that I have stated all conditions that I am aware of and the information is true and accurate to the best of my knowledge. I will inform my health care provider and therapist if anything changes in my status. I understand that the massage/bodywork I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain and to increase circulation. If I experience any pain or discomfort, I will immediately inform my therapist that the pressure and/or methods can be adjusted to my comfort level. I understand that a therapist cannot diagnosis illness, disease, or any physical or mental disorders. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal or skeletal manipulations. It has been made noticeably clear to me that this therapy is not a substitute for medical examinations and/or diagnosis, and I understand that it is my responsibility to consult a physician for any ailments I may have. Sexual advances and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated, resulting in immediate termination of the session and I will be liable for payment of the scheduled treatment. I understand that response to treatment varies on an individual basis and that specific results are not guaranteed. I understand that I am receiving therapy at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid therapy I hereby hold harmless and release from any liability Sandy Voltaire, as well as any officers, directors, or employees of Immaculately Flawless, LLC for any condition or result, known or unknown that may arise as a consequence of any treatment that I receive. I agree to abide by a 24-hour cancellation notice for any scheduled treatment. I understand I may be charged up to the full amount of service for missed appointments or for any cancellations with less than a 24-hour notice. I agree that I am of legal age (18 years old) and that if I am not, I agree to have my parent or guardian sign a parental/guardian release form before treatment.

Client Signature: _____ Date: _____

Disclosure: The information provided only provides patients with general information and recovery tips for Brazilian. You, as a patient/client, should consult with your surgeon about the permitted and prohibited diet and activities after surgery. Contact your surgeon if you experience any unusual symptoms or problems such as infection and keep your follow-up appointments.