chair massage schedule

aumhaus

DATE: ROOM: THERAPIST:

read carefully. by signing below, you agree to lhe following:

- I as the participant receiving chair massage I understand and agree
- I am capable of getting on and off the chair safely.
- A licensed physician has verified my good health, physical and mental condition to participate.
- Chair massage is not a substitute for medical care.
- I will make the facilitator aware of any medical conditions I have prior to class.
- If I experience any pain or discomfort, I will immediately inform my facilitator so that adjustments can be made to my level of comfort.
- Chair massage is provided for stress reduction and relaxation.
- Any inappropriate behavior will result in refusal of service
- I will not hold the facilitator, Aumhaus and all associated businesses responsible for any pain, discomfort or damages I experience during or after my session.

TIME	NAME	EMAIL	PHONE	SIGNATURE
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				
:				