

Therapist Name:
lob/Location:



Chair	Managa Canaant & Cian IIn Chast	A A A A A A A A A A A A A A A A A A A
<u>Chair</u>	Massage Consent & Sign-Up Sheet	
the basic purp experience an practitioner so I further under examination, o other qualified understand the diagnose, pres course of the so	hat the massage I receive on	muscular tension. If I nmediately inform the ted to my level of comfort. Is the substitute for medical physician, chiropractor or ilment I am aware of. I or skeletal adjustments, and that nothing said in the and I understand that there
<u>TIME</u>	<u>NAME</u>	
		
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<u>TIME</u>	<u>NAME</u>
	
	
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