

Kara's Therapeutic Massage & Wellness

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Massage Therapy Release Form

I, _____, do attest and affirm that I have been informed by my Licensed Massage Therapist, Kara Tiede, that Pfrimmer Deep Muscle Therapy is contraindicated in the case of _____. I believe that Pfrimmer Deep Muscle Therapy will benefit me and I hereby release Kara Tiede, L.M.T., P.D.M.T., of any liability now or forthcoming, by myself or anyone of my relation.

Client's Signature

Date

Therapist's Signature

Date

Witness

Date

****A few contraindications include:**

Blood clots, phlebitis, aneurysm, hemorrhage, pregnancy, blood poisoning, varicosities, thrombosis, nerve entrapment, recent surgery, osteoporosis, tumors, burns, cancer, infectious skin diseases, heart conditions, open wounds, cuts and bruising, and chronic conditions and diseases