



Essential Balance
Holistic Wellness Center

Client's Informed Consent

I, *(name of Client or Parent/Guardian of a minor child client)* _____, hereby give my written consent to be massaged by a Licensed Massage Therapists at Essential Balance Holistic Wellness Center, LLC. Each massage/Reiki/SET therapist holds a current Florida license as well as up-to-date certification and liability insurance as required by Florida law. Furthermore:

- I have read, understood and signed: the Policies and Procedures; the Therapist's Ethics, Code of Conduct and Interaction Policy; and the Client's Rights Responsibilities and Expectations agreements.
- I acknowledge that I have the right to ask questions about any of the massage/SET/Reiki procedures that will be applied to me, before, during and after the massage session and to have those questions answered to the best ability of the therapist.
- I acknowledge that the qualifications of the massage therapist have been disclosed to me.
- I understand that the massage, SET and/or Reiki that I will receive will be for the purposes of reducing stress, increasing relaxation, increasing circulation, balancing energy (Qi), reducing/relieving muscular tension, fatigue and/or spasm, reducing/relieving pain and encouraging tissue repair and regeneration.
- I understand that it is out of the scope of a massage therapist's practice to diagnose illnesses, diseases or other health conditions. Nothing said or done before, during or after a massage/SET/Reiki session should be construed as medical advice or diagnosis. Any verbal discussions of general conditions are meant only to suggest options for you to discuss with your physician.
- I understand that a massage therapist does not perform spinal manipulations other than simple compression, general range of motion and slight traction (during which spontaneous adjustments may occasionally occur). I understand that massage/SET/Reiki is not a substitute for medical examination, diagnosis and treatment. I should see a qualified health care provider for these services.
- I acknowledge that I have filled out an intake form that includes any and all health issues that may be pertinent to my health and safety during a massage. The massage therapist cannot be held responsible for health issues not disclosed on my intake form.
- I understand that if I experience any pain or discomfort during a massage/SET/Reiki session, I am to immediately inform the therapist so that the application, technique and/or intensity of application can be discontinued or modified to suit my comfort level.

Client Signature _____ **Date:** _____

Consent of Parent or Guardian to treat a minor child:

I consent to the treatment of my minor child by M. Hayden Sutherland, a licensed massage therapist. I have provided all pertinent medical and health information for my child to the massage therapist. I will be in full view of my child at all times during the massage/Reiki session. I confirm that the therapist has explained the routine that will be administered to my child. I agree to refer any medical concerns that may be discovered during the massage/Reiki to the minor child's personal physician.

Minor child's name: _____

Parent/Guardian Signature: _____ **Date:** _____