

CHERICA VOYLES, LMT

Yoga | Ayurveda | Fitness

MESSAGE INTAKE FORM, AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Personal Information

Date of initial visit

Name: Date of Birth Gender

Address:

City / State / Zip

Email

() Yes, I would like to receive emails about discounts and incentives. (Your information will NEVER be shared or made public.)

Home phone Work phone Cell phone

Emergency Contact Name: Phone:

How did you hear about our services?

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

MEDICAL HISTORY

MASSAGE HISTORY

Are you taking any medications?

Have you had a professional massage before?

If yes, please list name and use:

What pressure do you prefer?

Light Medium Deep

Are you pregnant?

Do you have any allergies or sensitivities? yes no

Trimester:

Please explain

Do you suffer from chronic pain?

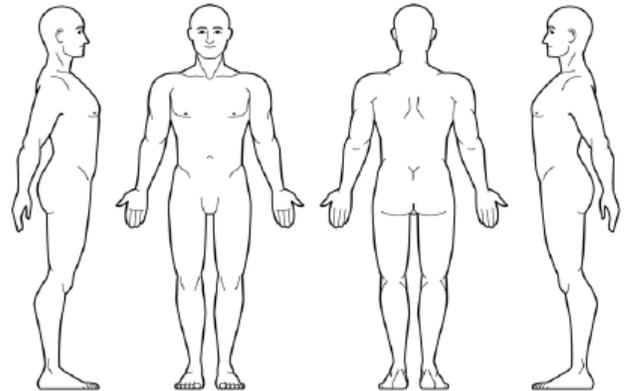
What are your goals for this treatment session?

If yes, please explain:

What makes it better?

Please circle any areas of discomfort

What makes it worse?



Have you had any orthopedic injuries?

If yes, please explain:

Please indicate any of the following that apply to you:

- Cancer Fibromyalgia
 Headaches/Migraines Stroke
 Arthritis Heart Attack
 Diabetes Kidney Dysfunction
 Joint Replacement(s) Blood Clots
 High/Low Blood Pressure Numbness
 Neuropathy Sprains or Strains

Please further explain discomfort:

WAIVER & RELEASE

I, _____, (print name) understand that the massage services I receive are provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

RELEASE:

You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge Cherica Voyles, LMT (and Cherica Voyles, LMT's affiliates, related entities, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of Cherica Voyles, LMT, whether active or passive, or any of Cherica Voyles, LMT's affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment, premises or facilities, (c) negligent instruction or supervision, including personal training, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to or from personal training, including injuries resulting from Cherica Voyles, LMT's or anyone else's negligent inspection or maintenance of the facility or premises.

INDEMNIFICATION:

By execution of this agreement, you hereby agree to indemnify and hold harmless Cherica Voyles, LMT from any loss, liability, damage, or cost Cherica Voyles, LMT may incur due to the provision of personal training by Cherica Voyles, LMT to you.

ACKNOWLEDGMENTS:

You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. You acknowledge that Cherica Voyles, LMT offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Cherica Voyles, LMT is not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by Cherica Voyles, LMT. You acknowledge and agree that Cherica Voyles, LMT does not place such items into the stream of commerce. This release is not intended as an attempted release of claims of gross negligence or intentional acts. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability, express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against Cherica Voyles, LMT for Cherica Voyles, LMT's negligence, or for any defective product used while receiving massage and bodywork from Cherica Voyles, LMT. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of client _____ Date _____

Signature of massage therapist _____ Date _____