

Date of your scheduled class: _____

Did you purchase a voucher for the class?: Yes No



touch®

massage therapy

MT041810
MI1964

COUPLES MASSAGE CLASS -- CLIENT PROFILE

(all client info is kept confidential)

If you have physical limitations that will prohibit you from working on the floor, or that require specific accommodations, please notify class instructor before scheduling your class session.

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

E-mail: _____

E-mail: _____

Phone: _____

Phone: _____

Occupation: _____

Occupation: _____

Abbreviated History

Are you pregnant, or could you possibly be pregnant? Yes No If so, how far along? _____

Please list any accidents, injuries, surgeries, or health conditions: _____

Please list current medications: _____

Are you allergic to any substances (i.e., oils, nuts, fragrances, etc)? If so, please list: _____

CONSENT FOR CLASS PARTICIPATION

(must be signed by both participants)

It is my choice to participate in the Couples Massage Class (the "Class"). I understand the Class provides couples basic, easy-to-follow massage techniques (including gliding, kneading and compression strokes) using appropriate (i.e., non-sexual) touch; the proper way to use pressure to avoid weary hands; and how to share massage with one another in a safe and healthy way, without causing injury to myself or my partner. I understand that, while each person does remain appropriately clothed for the duration of the Class, proper draping techniques are demonstrated, and expected to be followed. I understand that, because most couples don't own a massage table at home, the techniques in this Class may be taught on the floor, on a mat. I understand the Class will be facilitated at Living Well Health & Wellness Center, located at 14330 Midway Road, Bldg 1, Suite 121 Dallas, Texas 75244. I agree to follow the instructions of the Licensed Massage Therapist teaching the Class and will not stray from the techniques demonstrated in the Class. I understand and agree that I am participating in the Class entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the Class I hereby hold harmless and indemnify Touch Massage Therapy, CL Touch Enterprises and Living Well Health & Wellness Center, the Class Instructor/Licensed Massage Therapist, any and all related principals and agents from all claims and liability whatsoever. I understand that massage therapy practitioners do not diagnose illness, disease, or any physical or mental disorder; nor do they prescribe medical treatment, pharmaceuticals, or perform spinal thrust manipulations. I acknowledge that massage is not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary health care provider for that service. I have read and understood the above information and have provided all requested information to the best of my knowledge.

Signature _____

Date _____

Signature _____

Date _____