

Ayurvedic Yoga Massage Sessions with Max Raphael

Consent & Liability Waiver Form

Please read each statement then sign and date below.

I (Client) have discussed with Max Raphael (Practitioner) the nature and purpose of Ayurvedic Yoga Massage.

It is my choice to receive Ayurvedic Yoga Massage (AYM) sessions. I understand that the these bodywork sessions are a form of relaxation massage and not a form of massage therapy/medical massage.

I understand that AYM sessions are performed for the purposes of stress reduction, general relaxation; and for general improvement of circulation/respiration or balance of energy flow. I understand that results vary depending on the individual and the extent of his/her condition. It is my responsibility to notify the Practitioner immediately if I feel my well-being is being compromised in any way during the session.

I understand and acknowledge the following: Max Raphael is a certified practitioner of AYM and not a state-licensed massage therapist. AYM Practitioners do not diagnose illnesses, disease, or any physical or mental disorders, nor do they prescribe medical treatment or pharmaceuticals. AYM sessions are not substitutes for medical examinations or diagnoses; it is recommended that I see my primary health care provider for exams and diagnoses of ailments I may have. Any and all information offered by the Practitioner is for educational purposes only and is not to be taken as medical advice.

I have stated all of my known medical conditions on the Intake Form. I have consulted a medical doctor or licensed medical health care practitioner regarding any checked or described conditions.

I acknowledge that it is solely my responsibility, in the case of all future follow-up sessions, to notify the bodywork Practitioner of any changes to my physical/mental health/conditions and that the Practitioner shall not be liable should I fail to do so.

I understand that all massage/ bodywork offered is strictly non-sexual. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

By signing this release, I hereby waive and release Max Raphael, Ayurvedic Yoga Massage Practitioner, from any and all liability, past, present, and future relating to massage & bodywork.

I have read the above and have had the opportunity to ask questions about the content.

Client Name: _____

Client Signature: _____ Date: _____

Ayurvedic Yoga Massage Sessions with Max Raphael

Intake Form

Please fill out completely and sign below.

Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact Name/Phone: _____ / _____

Please check off any of the following conditions or symptoms, which apply to you now or in the past:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Low/High Blood Pressure | <input type="checkbox"/> Muscle Strain/Sprain | <input type="checkbox"/> Allergies: |
| <input type="checkbox"/> Hypo/Hyperglycemia | <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Skin Infections/Diseases |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Respiratory Conditions |
| <input type="checkbox"/> Heart Attack/Stroke | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression/Anxiety |
| | | <input type="checkbox"/> (Currently) Pregnant |

Please explain any of the above ***or other conditions/symptoms*** (any serious/chronic illness, surgeries, or traumatic accidents, etc.)

Client Signature: _____ Date: _____