



## Client's Prenatal Verification and Release

I, \_\_\_\_\_ verify that as of today \_\_\_\_\_

I am \_\_\_\_\_ weeks pregnant.

Please initial after the following statements:

I verify that I have received information regarding the possible benefits and contraindicated conditions for massage therapy during pregnancy and postpartum. \_\_\_\_\_

I understand that a Body Fountain therapist will perform a prenatal massage, using modified body positions and modified massage techniques. Deep tissue techniques and pressure point therapy will be exclusively discussed before the service and will be subject to the discretion of my therapist if no other contraindications exist. \_\_\_\_\_

I understand that I will be receiving massage therapy as a form of adjunctive healthcare only and that this therapy is not intended to replace appropriate medical and prenatal care. \_\_\_\_\_

I will forever release the massage therapist, Body Fountain and their insurers from all liability of any nature whatsoever, past, present, future for any injury or damage which may occur to myself or pregnancy as a result of receiving massage therapy while pregnant \_\_\_\_\_.

I agree to hold harmless and defend the massage therapist of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly or indirectly out of my and my child's participation in the therapy. \_\_\_\_\_

I verify that I do not have any conditions during which it would be inadvisable for me to receive massage therapy. I am experiencing a low risk pregnancy and I do not have any complications to my pregnancy. \_\_\_\_\_

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Print: \_\_\_\_\_

