

Waiver of Liability

IN CONSIDERATION of the services in the nature of massage therapy now provided, or to be provided by Bronti Verbeek, I the undersigned, do hereby release and waive the aforesaid Massage Therapist, of any and all liability including muscle soreness, bruising, headaches, bone fractures, metastasizing disease, illness or disorder, contraction of disease, illness or infection, any discomfort, pain or suffering that may arise at the time of, or thereafter result from receiving the aforesaid services to you without fear or threat of claims or lawsuits arising from the services provided.

APPOINTMENT TIMES are reserved especially for you. If you find it necessary to reschedule an appointment, a minimum of 24 hours notice is required so that the appointment time can be given to someone else.

I UNDERSTAND that the information given will assist the therapist in the type of treatment performed and HEREBY CERTIFY all information given to be true.

Signature:

Print Name:

Date:
