



# Inner Health Center Inc

## Therapy Waiver and Consent Form

I understand that the **Structural Massage Session** I will receive is provided for the basic purpose of assisting in relaxing muscle tension, allowing the body to naturally re-align and help relax the nervous system. I further understand that a Structural 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 mental or physical ailment that I am aware of.

Because a Structural Massage Session can be contraindicated under certain 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 on my intake form and understand that there shall be no liability in any way on the therapist's part or Inner Health Center Inc.

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Patient's Signature

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Patient's Name (Please Print)

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Date