



I understand that the massage given to me by Jali Brister is for the purpose of stress reduction, pain reduction, relief from muscle tension, and increasing circulation.

I hereby consent Jali Brister to treat me with massage therapy for the above noted purposes including such assessments, examinations and techniques, which may be recommended by my therapist.

I understand that Jali Brister does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any ailments that I may be experiencing.

I acknowledge and understand that Jali Brister must be fully aware of my existing medical conditions. It is my responsibility to keep Jali Brister updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatments as proposed by Jali Brister from time to time, to deal with my physical conditions and for which I have sought treatment. I understand that any time I may withdraw my consent and treatment will be stopped.

Signature: _____ Date: _____