

Consent form

Message

Business name

CLIENT DETAILS

Full name

Phone number

Email

Date of birth

I CONFIRM THAT

- ☐ I have told the therapist about health conditions, injuries and pregnancy.
- ☐ I will say during the session if the pressure is uncomfortable.
- ☐ I understand that this massage is not a medical treatment.

I agree that the business keeps the information in this form to provide the service and for as long as the law requires. I can ask to see, correct or delete my data at any time.

Client signature

Specialist signature

Date