Intake, Consent & Liability Release

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> **This form takes effect only when it is signed and dated.** Printing it, filling it in, or bringing it with you does not by itself agree to anything. Nothing on this page is in force until your signature is on it.

Maureen's Massage · Maureen Leonie Reid, LMT · version 0.1.0 · effective 2026-09-09

Signed before every session. A new copy is signed at each visit.

If this form is more than a few months old, check the website for a current copy — the version and date above tell you which one you have.

What today's session covers

I understand and agree that this consent covers the massage therapy session I am booking today — the type of service, and the draping arrangement, that Maureen and I discuss before the session begins. It does not cover any different type of service, and it does not cover any future session. Draping stays in place at all times unless I give specific, separate consent to be undraped in a particular area, noted in my treatment plan for that visit.

Health screening before we begin

Before each session, I will answer a short set of health questions so Maureen can screen for anything that would make massage unsafe for me that day. Based on my answers, Maureen will decide to proceed with the session, decline it, or refer me elsewhere, and that decision — along with any relevant condition she needs to work around — is noted in my file for that visit.

This is not a medical diagnosis

Massage therapy is not a substitute for medical care, and nothing said or done during this screening or during a session is intended to diagnose, treat, cure, or prevent any disease or medical condition. The health questions above are a screening for whether massage is appropriate for me today — not a medical evaluation, and not a diagnosis.

Your part in a safe session

I agree to tell Maureen about any pressure preference, discomfort, or change in how I am feeling at any point during the session — she wants to know right away, not after. If I am under the care of a physician for a condition relevant to this session, I agree to let her know so she can plan around it responsibly.

When a referral is the right call

If a condition I describe is outside what Maureen is trained or equipped to safely address, she will refer me to a more appropriate provider rather than proceed. That decision is based on the specific service capability required, not on the condition itself, and applies the same way to every client.

Sharing notes with your care team

If you would like Maureen to prepare progress notes for a member of your care team, she can do that — but only after you separately name that person and sign a written authorization for that specific disclosure. This intake form does not itself authorize sharing notes with anyone; that is a separate document.

RELEASE OF LIABILITY

RELEASE OF LIABILITY. In exchange for receiving massage therapy services from Maureen Leonie Reid, doing business as Maureen's Massage, I release Maureen's Massage, and its employees and agents, from all claims, liability, and causes of action for any injury, loss, or damage I may suffer arising out of or in connection with the massage therapy services provided to me — INCLUDING claims arising from the ordinary negligence of Maureen's Massage, its employees, or its agents. I have read this release, I understand that I am giving up valuable legal rights by signing it, and I am signing it voluntarily.

IF THE RELEASE ABOVE DOES NOT APPLY

IF, for any reason, a court or arbitrator determines that the Release of Liability above does not apply to a particular claim, my recovery on that claim against Maureen's Massage, its employees, or its agents is limited to the amount I paid for the specific service that gave rise to the claim. This limit does NOT apply to, and does not reduce liability for, willful misconduct.

This applies to today's appointment only

This release applies only to the appointment I am booking today. It is not a standing or ongoing release, and it does not cover any future appointment. I will be asked to review and sign a freshly dated version of this form before each future session.

How this form is signed

I agree to this form electronically by checking the box below and selecting "I agree." Checking the box confirms I have had the opportunity to open and read the full form at the link above, including the sections in bold. My device, IP address, the time I signed, and the version of this form I signed are recorded and kept with my file.

EXPRESS ASSUMPTION OF RISK — what this release does not cover

This release does not apply to, and does not limit any claim arising from, intentional misconduct, sexual misconduct, or any violation of Chapter 480, Florida Statutes — with or without my consent.

Age confirmation

I confirm that I am 18 years of age or older. Maureen may confirm this with photo ID before the session.

The information I collect and keep

As part of booking and receiving a session with me, I collect your full name, home address, and phone number, along with the date, time, and type of service. I also collect your age, your answers to the health questions on my intake form, and my own notes from each session. If I come to you rather than you coming to me, I ask for someone I can contact — so that if I ever have to end a session early because something needs looking at, you are not left to sort it out alone. I ask to confirm identification (photo ID) before a first session simply to make sure I have the right person on file — this is a booking and safety practice of mine, not something I am asking because a specific law requires it of my practice. I keep this information, together with your signed forms, for as long as I am in practice. I do not delete them on a schedule, because a client who comes back after several years is better served if I still have the history.

INFORMED CONSENT — consenting for yourself

By signing, I confirm that I am consenting to this session for myself, and that I have not been found by a court to lack the capacity to make my own health care decisions.

Consent by surrogate or guardian, if applicable

If someone other than the client is signing this form on the client's behalf, that person must be either the client's designated health care surrogate (under a written designation signed before two witnesses, at least one of whom is not the client's spouse or blood relative) or a court-appointed guardian. If neither applies and there is any doubt about capacity, the session is deferred and the reason is documented rather than proceeding.

When you receive this form

A link to this form is sent with your booking confirmation, before your appointment, so you can read it in advance rather than for the first time at the appointment itself. When you sign it, the time you signed is recorded.

Signature

By signing below I confirm that I have read this form, that I understand it, and that I am signing it voluntarily.

Client name (please print)	……
Client signature	……
Date	……
If signing for someone else, your name and relationship	……

Bring this form with you, or hand it to Maureen at your appointment.