



PREGNANCY MASSAGE WAIVER

Client Name: _____

Date: _____

Therapist: _____

We do not want to take any health risks. *If a mother is not through her first trimester, they need to get a doctor's note saying that the client is in the first trimester but that it is safe for the client to receive massage therapy.*

I hereby certify that I am pregnant and am medically fit to receive massage services. I certify that:

1. I am beyond the first trimester of pregnancy;
2. My pregnancy has not been determined to be "high risk" by a health care provider;
3. I am not aware of or experiencing any symptoms or health conditions which would render massage unsafe for me or endanger my pregnancy;
4. My health care provider has not advised me of any condition or medical reason why I should not receive massage therapy during pregnancy;
5. I will update my therapist on any changes in my condition during my pregnancy which may affect my ability to safely receive massage therapy during my pregnancy; and
6. I hereby consent to receive massage therapy after being advised of the risks of massage therapy during pregnancy.

I waive all claims against my therapist and Halo Spa and its agents for any injury related to my receipt of massage therapy during my pregnancy. I hereby certify that the above statements are true and correct, and I understand that I am waiving the claims stated above.

Client signature _____ Client name (printed) _____

Witness signature _____ Witness name (printed) _____