



## WAIVER –

Assisted Lymphatic Therapy, TuiNa, Deep Tissue, Myofacial, Trigger Point Therapy, Cupping/Neuromuscular Cupping  
RainDrop Therapy, Hot Stone Massage

I, \_\_\_\_\_, hereby acknowledge under oath that I am the client of LifeTouch Massage and Therapy, LLC and I hereby give my permission to participate in Assisted Lymphatic Therapy, TuiNa Massage, RainDrop Therapy, Hot Stone Massage, Therapeutic Massage that may consist of Deep Tissue, Myofacial, Trigger Point Therapy, Cupping, Neuromuscular Cupping and any other services offered by LifeTouch Massage and Therapy, LLC.

As an integral part of such permission, I recognize that Assisted Lymphatic Therapy is a naturalist, experimental, alternative procedure whose purpose is not in diagnosing, healing, or curing; but to help promote good health and well-being.

Therefore, I hereby agree to hold LifeTouch Massage and Therapy, LLC harmless from and against any and all claims, demands, liabilities, actions, causes of actions, damages and/or expenses, of any nature and kind without limitation, arising from my direct or indirect participation in any of the aforementioned therapies. I hereby acknowledge that I assume the risk of any and I will assume all damages if ever needed. I waive any cause of action that I might have at any time against LifeTouch Massage and Therapy, LLC or that I might thereafter accrue as a result of any therapeutic services.

I have had an opportunity to review this waiver and ask any question concerning its meaning or intent. I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete.

I further acknowledge and verify that I have full legal authority to execute this document and there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_



**LIFETOUCH**  
MASSAGE AND THERAPY