

Katie Sachs LMBT #17283
Release of Liability and Informed Consent Waiver

By initialing the following points and then signing the bottom, I hereby agree to the following:

1. I am aware that I will be receiving massage coaching and support that is **NOT** formal massage instruction or medical advice. I am aware that my coach, Katherine Sachs, will show me techniques and information from her own experience, perspective, and training as a licensed massage therapist. If I want to take my training further or have a desire to receive more formal training, I will reach out to a licensed massage school. I will consult my doctor or a medical professional for any health concerns. 1) _____ 2) _____

2. I have informed Katherine Sachs of any medical conditions or allergies that could impact my ability to safely give and/or receive massage in this setting. I understand that conditions that could cause me to be unable to participate in coaching include but are not limited to: DVT (deep vein thrombosis), active cancer/currently receiving chemotherapy, lymphedema, and if I am currently pregnant. I understand that refusal of coaching based on health conditions are not discriminatory, but rather for my protection. I understand it is MY responsibility to inform Katie of anything that would make massage unsafe for me. 1) _____ 2) _____

3. I understand that even though Katherine Sachs holds a LCMHCA license, the nature of these sessions will not include formal counseling. Upon becoming a client of Katie Sachs LMBT, I will not seek separate mental health counseling from Tender Hearts Counseling or Katherine Sachs, as this would be a conflict of interest. 1) _____ 2) _____

4. I am aware that the massage coaching I am to receive from Katie Sachs LMBT will **IN NO WAY** be sexual in nature. Any advances or efforts to make sessions sexual will lead to immediate termination of the session with no refund. 1) _____ 2) _____

5. Though unlikely, I am aware that performing and receiving massage may have some health risks. Generally these can be minor, such as soreness or bruising, however, there are no guarantees about any results from receiving or giving massage. I hereby take **FULL** responsibility for **ANY AND ALL** injuries or health consequences that may occur during or following my session. 1) _____ 2) _____

Upon signing this waiver, I acknowledge that I was given an opportunity to ask any clarifying questions of Katherine Sachs and that I feel sufficiently informed and consent to receive coaching services. I release Katherine Sachs, LMBT#17283 from **ANY AND ALL** liability.

Client One's printed name:

Client One's Signature and today's date:

Client Two's printed name:

Client Two's Signature and today's date: