

**Louise Britton**

Massage therapist, Movement specialist and Wellness coach  
(BA.(MBK)(Hons)Sport Sciences)



QUALIFIED  
TRAINER



076 793 1538

louiseb.tlc@gmail.com

353 Rina van Zyl str. Garsfontein  
Pretoria, South Africa

## Massage Waiver and Indemnity Form.

NAME & SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please print, complete and hand to your therapist before your first session.** The following form helps the therapist understand your personal needs and requirements during your session. All information will be treated as strictly confidential.

### **Information and suggestions:**

- Prior to massage, please remove all jewellery (and if possible, contact lenses). Pull long hair back with a clip or band.
- In general, massage is given while you are unclothed. However, you may choose to wear undergarments or a swimsuit. You will be covered with a towel or top sheet throughout your session. You should be as comfortable as possible.
- Feel free to ask your therapist any questions before, during or after the session. Your therapist is a highly trained professional and will be happy to make you feel informed and comfortable.

1. Have you ever had a professional massage before? Therapeutic/Sport/Deep tissue?

2. Which areas would you like focused on during the session? \_\_\_\_\_

3. Do you suffer from any of the following: (please tick the boxes)

Back Pain		If yes, <b>UPPER/ MIDDLE/ LOWER</b>	
Herniated (slipped) disc		Numbness/tingling/nerve pain	
Joint Swelling		Heart/Circulatory Problems	
Neck Problems		Headaches	
Stress		Hyper/Hypotension	
Inflammatory conditions		Auto Immune conditions	

4. Sensitive to touch or pressure? **Yes / No**

5. Acute or chronic injuries. If yes, please specify. \_\_\_\_\_

6. Other health concerns/medical conditions not listed. \_\_\_\_\_

7. Are you pregnant? Yes/No. If yes, how many weeks? \_\_\_\_\_

8. Are you taking any prescribed medication? Yes/No If yes, please list.  
\_\_\_\_\_  
\_\_\_\_\_

Initial: \_\_\_\_\_

**Consent and Agreement:**

- I understand that the massage I receive is provided for the basic purpose of stress reduction & relief of muscular aches and pains.
- **If I experience any pain or discomfort during the session I will immediately inform the therapist so the pressure and techniques may be adjusted to my level of comfort.**
- I understand it is my choice to receive massage therapy and I understand the benefits and risks associated with massage and give my consent.
- I understand that massage therapists are not qualified to perform spinal or skeletal adjustments and they do **not provide medical diagnosis or prescriptions.**
- As massage is contraindicated with certain medical conditions, I affirm that I have stated my known medical history and answered all questions honestly.
- I agree to keep the massage therapist updated to any changes in my medical profile during the program and understand that there shall be no liability on the therapist part if I fail to do so.
- I am aware that no medical or other information provided on this form will be shared with a third party without my consent unless required for legal proceedings, criminal proceedings or if the therapist believes my health and/or life is at risk.

**Waiver and Release:**

I, the undersigned, declare that I have read and fully understand this document and agree to its contents. I acknowledge the risks and dangers associated with using Transform Lifestyle Center facilities and all associated equipment on the premises or on the premises in the future. I understand that this document is irreversible, unconditional, and binding on me.

By entering these premises (including parking areas, whether public or private) and attending MAP courses, individual classes, or MAP training classes, Re-Bounce classes, Massage sessions, Functional training sessions, I waive any rights of any nature whatsoever that I may have against Transform Lifestyle Center, its employees, agents, independent contractors, representatives, and third parties of MAP in respect of injury, death, loss, or damage that I may sustain as a result of or arising out of my attendance, or the loss of, damage to, or destruction of any property, movable or immovable, whether belonging to any of the above-mentioned parties or any third party, due to any act or omission on my part arising out of the above or claims against any of the above people by any third party, arising out of or in connection with the above, notwithstanding that such claim, injury, loss, or damages or my death may have arisen as a result of any act or omission, whether negligent or otherwise, on the part of the above people.

**Protection of Personal Information:**

By signing this document, you acknowledge that you have read and accept the Protection of Personal Information (POPI) disclaimer. Transform Lifestyle Center will take all reasonable measures to protect the personal information contained herein. "Personal information" refers to information that identifies or relates specifically to you. The information collected will be used primarily for invoicing, communicating necessary information, and for Transform Lifestyle Center classes. The information will be stored securely to ensure confidentiality. Transform Lifestyle Center accepts no liability for any loss, damage, or expenses arising from the information you have provided or actions resulting therefrom.

**Limitation of Liability:**

To the maximum extent permitted by law, Transform Lifestyle Center, its employees, agents, independent contractors, representatives, and third parties shall not be liable for any direct, indirect, incidental, special, or consequential

Initial: \_\_\_\_\_

damages, including but not limited to loss of profits, loss of data, loss of use, or any other economic or pecuniary loss, arising out of or in connection with the use of Transform Lifestyle Center facilities, equipment, or participation in Transform Lifestyle Center classes or activities.

**Payment Terms and Conditions:**

By signing this document, you accept full responsibility for your account and agree to settle it according to the following terms and conditions:

An invoice will be issued after your session and should be settled either by EFT/Cash or Card directly after your session.

Annual increases may be applied at the beginning of the year and will be communicated prior to the increase.

**I agree to one of the following services and prices for 2025: Tick the Box**

**Massage services: Pay as you go (no renewing of sessions unless you indicate so)**

- Pay per session (30min = R350, 60min = R500, Hemp oil 60min = R550)
- Pay for 4 sessions in advance (30min = R1200, 60min = R1850, Hemp Oil 60min = R2100)

*Please note that 4 sessions paid in advance should be used within 5 weeks of purchasing the sessions.*

**Cancellation policy:**

Cancellation of sessions should be done within 12hours of your scheduled time. If you cancel your session within that time frame you will be responsible for 50% of the session's price. If you paid for 4 sessions in advance and cancel your session within 12hours you will forfeit that session and it will not be able to reschedule it.

I, \_\_\_\_\_ agree to this document.

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_