

## Cupping Massage Release and Consent Form

- ➤ Information has been provided to me about Cupping Therapy. IF I choose to experience these therapies during treatments, I understand that potential effects and after-care recommendations.
- ➤ It has been explained to me that there are contraindications for Cupping Therapy. I have fully disclosed all health factors to my therapists, including those not mentioned on my Massage Intake Form.
- ➤ It has been explained to me that there is the possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body.
- ➤ I also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors and toxins being drawn to the surface to be cleared away by my circulatory systems.
- ➤ I further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to my after-care activities.
- ➤ I understand that Cupping Therapy modalities should not be combined with aggressive exfoliation, 4 hrs after shaving, after a sunburn or when I'm hungry or thirsty.
- ➤ I understand that I should avoid exposure to cold, wet and/or windy weather conditions, hot showers, baths, saunas, hot tubs and aggressive exercise for 24 hours. It has been explained to me that exposure to such extremes can produce undesirable effects and I should avoid such situations.
- ➤ I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and I should consume an abundance of clean water.

I hereby give my consent and authorization voluntarily and release **to Mary Lambrecht MA 40467 of BodyWellness of Naples LLC** or it's representatives of any claims that I have or may have in the future in connection with the desired procedures.

Client Signature: \_\_\_\_\_

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

Therapist Signature: \_\_\_\_\_

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