

AME CUPPING RELEASE WAIVER

Name _____ Date _____

Please note the following listed conditions are considered **contraindications** for receiving cupping services. Please indicate if any of the following apply to you:

1. Are you taking blood thinners? YES/NO
2. Do you have hemophilia or other bleeding/clotting disorders? YES/NO
3. Do you currently have a fever? YES/NO
4. Do you have cancer? YES/NO
5. Have you had a recent joint injury (past 48 hours) that is still hot and swollen? YES/NO
6. Do you have recent wound(s) from an operation or surgery? YES/NO
7. Are you pregnant? YES/NO

If you have diabetes and/or abnormal blood pressure, please inform your massage therapist.

Those who are unsure if their condition is contraindicated should seek guidance from their primary care physician prior to receiving cupping therapy.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MAY NOT RECEIVE CUPPING SERVICES AT THIS TIME.

I, the undersigned, consent to receiving Cupping Treatment. I understand that these procedures are for the purpose of detoxification and are not intended to take place of medical care or medications. I clearly confirm that I do not have any contraindications to Cupping Treatments. I further understand that the above-listed conditions are contraindicated for cupping therapy and I have informed my therapist/physician of any and all medical conditions, even those not listed as contraindications. I understand that I take full responsibility for my own health and well-being.

I agree to disclose to AME SALON AND SPA if my medical health history should happen to change during the time period of receiving Cupping Treatments.

I understand that bruising, discoloration, and/or soreness will likely occur following this treatment and may take days or weeks to fully resolve.

I have read the above disclaimer and I agree that I am not currently experiencing any of the above mentioned contraindications. I have had the opportunity to ask any questions about this treatment, and by signing below I agree to release AME SALON AND SPA and its members from any liability in connection with receiving cupping treatment.

Client Name _____ (please print)
Signature _____ Date _____