



## 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 \_\_\_\_\_