



Liability Release Form

This agreement releases SOLE ESCAPE LLC from all liability relating to injuries that may occur during activity, on location, etc. By signing this agreement, I agree to hold SOLE ESCAPE LLC entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in the performance of any therapy, treatment or procedure performed by Sole Escape LLC or the therapists at Sole Escape LLC.

I am participating voluntarily, and I do not have any condition that will increase my likelihood of experiencing injuries while engaging in this activity. If I have any questions or concerns about any therapy, treatment or procedure, I will ask for an explanation or clarification. By signing below I forfeit all rights to bring a suit against Sole Escape LLC for any reason.

If you think or know you are pregnant:

Having been fully advised of the risks, contraindications, and complications to massage therapy during pregnancy, I have decided to participate in the therapy. Accordingly, I do forever release the practitioners and their insurers from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my unborn child/children as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioners of and from all actions, claims, or other legal action that have arisen or may arise directly from participation in this massage therapy.

I, _____, fully understand and agree to the above terms.
(Print Name of Participant)

(Signature of Participant/Parent) (Date)

Birth date _____ Phone Number _____ Phone Carrier _____

Email Address _____

Do you have any medical condition(s)? _____ Yes _____ No

If yes, please explain: _____

Do you have diabetes? _____ Yes _____ No

If yes, are you currently taking insulin injections and/or using an insulin pump? _____

Check all that apply:

1st trimester of pregnancy _____ Bruises _____ Warts _____ Bunions _____
Varicose Veins _____ Athlete's Foot _____ Open Wounds _____ Other _____