



## Consent to Receive Body Wrap Release of Liability

Client Name \_\_\_\_\_ Date \_\_\_\_\_

The above named person has requested services for a Body Wrap.

Because these wraps stimulate lymphatic circulation and are detoxifying in nature, we require a statement to ensure that there are no known medical contraindications before proceeding with the wrap(s).

The following are known contraindications to the Body Wrap:

- Pregnant or may be pregnant
- Nursing
- Heart Conditions or taking certain medications (i.e., blood thinners)
- Epilepsy
- Currently undergoing Chemotherapy
- Known adverse reactions to niacin (creams we use are niacin-based)

I understand that I may experience a slight flush of the skin, a warming sensation, or may develop an allergic reaction (such as a rash). I have completed or have been given the option of completing a patch test before choosing to receive a Body Wrap. If I experience any pain or discomfort during the session, I will immediately inform the individual(s) performing the wrap so that the products and/or technique may be adjusted to my level of comfort.

Because the Body Wrap treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly.

I agree to keep the person(s) performing the wrap updated as to any changes in my medical profile before the session and understand that there shall be no accountability on the individual(s) part should I fail to do so.

By signing this form, I give **(PUT YOUR CLINIC NAME HERE)**, a trained member of Club Reduce, consent to perform the wrap and release them from all liability.

Further, I agree to the above statements and agree that there are no contradictions.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic Staff Signature \_\_\_\_\_ Date \_\_\_\_\_