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Ashiatsu Release Form

- I understand what is involved with Ashiatsu DeepFoot Bar Therapy.
- I understand that if the pressure is too much, I will speak up to my therapist immediately as they may be using up to 100% of their body weight.
- I have disclosed any injuries, diseases, illnesses, conditions, or medications that would prevent me from receiving Ashiatsu. Such as:
 - Breast implants within 9 months
 - Varicose veins, skin lesions and boils
 - Recent eye procedures
 - Any acute inflammatory conditions
 - Uncontrolled HIGH blood pressure or heart condition, pacemaker, stent or shunt
 - Within 6 weeks of a surgical procedure
 - Persons on Coumadin, Lovenox, Heparin or a heavy dosage of aspirin
 - Any rib fracture, or osteoporosis in advance stage
 - Any recent (acute) injuries or surgeries
 - Tuberculosis, thrombosis, aneurysm, kidney disorders, recent bowel or hernia surgery
 - Pregnancy

I _____, understand that the above-listed conditions are contraindicated for Ashiatsu therapy and I have informed my therapist of any and all medical conditions, even those not listed as contraindications.

Signature: _____ Date: _____