

Massage Chair

Pain 2 Wellness Center, LLC and any therapists contracted by Pain 2 Wellness Center, LLC are not liable for any injury resulting from massage/trigger Point therapy received or negligent actions. Furthermore, Pain 2 Wellness Center is not liable for any equipment malfunction or any injury occurring thereof. Any stretches or exercises offered by any of the therapists are not doctors and not a substitute for medical care, medical examination, or diagnosis.

☐ I agree and give my consent

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned programs. I represent and warrant that I have no medical condition that would prevent my participation in the screening programs. I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in massage.

☐ I agree and give my consent

I willingly choose to receive massage. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. I am aware of the benefits and risks of massage and give my consent for massage. I knowingly, voluntarily and expressly waive any claim I may have against Pain 2 Wellness Center, LLC or any contracted workers and/or instructors for injury or damages that I may sustain as a result of participating in massage, stretches, exercises, or suggestions made by contractors to Pain 2 Wellness Center, LLC.

☐ I agree and give my consent

I, my heirs or representatives forever release waive, discharge and covenant not to sue Pain 2 Wellness Center, LLC or any contracted workers and/or instructors for any injury or death caused by their negligence or other acts.

☐ I agree and give my consent

I have read the above waiver and release of liability and fully understand it contents. By signing electronically, I voluntarily agree to the terms and conditions stated above.

Full Name

Date of Birth

Phone Number

Email Address



X _____



Signature Certificate

Document name: Massage Chair

Unique Document ID: 4CB9E483B19BF451603593365A28548A40EE39BB



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Audit

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This audit trail report provides a detailed record of the
online activity and events recorded for this contract.