



BODY WRAPS RELEASE FORM

- 1) Prior to receiving a Body Wrap, drink plenty of water beginning 48 hours prior.
- 2) After the wrap, drink lots of water and avoid foods high in sodium.
- 3) Medical concerns: People with high blood pressure or diabetes should not be wrapped nor should women who are pregnant.
- 4) What to wear:
  - a. Women should wear either a swimsuit or their underwear and a bra **WITHOUT underwire** (sports bra works best).
  - b. Men need to wear a short style swimsuit. **Boxer shorts or briefs are not appropriate.**
- 5) Bring a change of underclothes.
- 6) Come showered and without lotion on.

I understand that body wrap treatments are provided for the purpose of detoxification and should not be construed as a weight loss procedure. Clients experience loss in inches, which usually return upon consumption of salty foods and water retention. The wrap treatment tends to feel uncomfortable and cold for most people. If I experience any pain or discomfort during any session I will immediately inform the practitioner so that the treatment may be adjusted or terminated. I further understand that if I have diabetes, high blood pressure or heart condition, or suffer from anxiety disorder such as claustrophobia, panic attacks or neurological disorders such as epilepsy, I will let the therapist know and appointment will be cancelled at that time. I am responsible for \$25 cancellation fee. Because 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 practitioner updated as to any changes in my medical profile and understand that there shall be **no liability on the practitioner's part should I fail to do so**. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Essentials Massage & Facials of New Tampa is NOT responsible for any lost items. Please keep all of your belongings in your possession.

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

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent to Treatment of Minor, by my signature I authorize treatment of above minor:

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_