

CORPORATE MESSAGE KNEADS

PROVIDING CORPORATE CHAIR MASSAGE IN YOUR OFFICE



RELEASE OF LIABILITY for Corporate Massage Kneads, LLC

As a condition of and in consideration for receiving massage therapy services offered by Corporate Massage Kneads, LLC, the undersigned hereby signs this Release and represents the following.

1. I hereby RELEASE, DISCHARGE, COVENANT NOT TO SUE, and HOLD HARMLESS Massage Kneads and its agents and officers, and all of its massage therapists (the "Releasees") from all liability to the undersigned for any and all loss or damage, and any claim or cause of action, on account of injury to my person or property due to or resulting from the undersigned's receipt of any chair massage therapy services being offered by the Releasees.
2. I acknowledge that my employer does not require me to receive this massage therapy service, and that my election to receive massage therapy is my personal decision and entirely voluntary.
3. I HEREBY ASSUME FULL RESPONSIBILITY FOR RISK OF BODILY INJURY RESULTING FROM MY RECEIVING MASSAGE THERAPY FROM THE MASSAGE THERAPIST CONTRACTED BY MASSAGE KNEADS TO PROVIDE THIS SERVICE.
4. I EXPRESSLY ACKNOWLEDGE that I am not currently suffering from any ailment that could adversely be affected by massage. Furthermore, if I experience any pain or discomfort during the massage, I will immediately notify the massage therapist so that the pressure methods can be adjusted to my comfort level.
5. This agreement is to be construed according to the laws of the State of Maryland and, if any portion hereof is held invalid, it is agreed that the remainder continues to have full force and legal effect.
5. This agreement is to be construed according to the laws of the State of Maryland, Washington, DC and Virginia and, if any portion hereof is held invalid, it is agreed that the remainder continues to have full force and legal effect.

[INTENTIONALLY LEFT BLANK; SEE PAGE 2 FOR CONTINUATION OF RELEASE]

[SEE PAGE 1 FOR OTHER TERMS OF RELEASE]

6. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE OF LIABILITY, AND I FURTHER AGREE THAT NO ORAL REPRESENTATIONS OR STATEMENTS OF INDUCEMENT APART FROM THIS WRITTEN AGREEMENT HAVE BEEN MADE TO ME. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT IS A RELEASE OF ALL POTENTIAL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISKS INHERENT IN RECEIVING ON-SITE CHAIR MASSAGE THERAPY.

ALL CLIENTS MUST BE 18 YEARS OR OLDER TO CHAIR RECEIVE MASSAGE.

COMPANY NAME & LOCATION: _____

PRINT

SIGN

DATE

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