



**MAHOGANYEARTH**  
THERAPEUTIC wellness

## CONSENT AND WAIVER

Please read the following carefully before signing.

**CONSENT:** I, \_\_\_\_\_, desire to participate in Mahogany Earth LLC's (DBA Mahogany Earth Therapeutic Wellness) massage therapy, acupuncture, yoga instruction, therapeutic cupping, Sport Stretch® and/or meditation instruction services. I fully agree that participation in these services is my own choice and at my own risk, and I have voluntarily agreed to execute this Consent and Waiver.

I understand that the services provided are physical in nature and involve inherent risk such as bodily strain, bodily injury, and accidents. Risks may include, but are not limited to, lacerations, abrasions, contusions, musculoskeletal injuries, head injuries, numbing, tingling near the needling sites that may last a few days, dizziness, and fainting. Unusual risks include, but are not limited to, nerve damage, organ puncture, disability, and death. I understand that while this document describes the major risks of participation in these services, other side effects and risks may occur.

\*Note pertaining to Therapeutic Cupping

I understand that I may receive therapeutic cupping from a trained therapist. The therapist has provided me with information on this modality. I understand that potential cupping marks may occur and that they are **not** bruises. They are the result of stagnant interstitial debris being released during treatment and may last a few hours to a few days. I will inform the therapist of any discomforts during session.\*

I am aware of the benefits and risks of massage, therapeutic cupping, Sport Stretch® therapy, acupuncture, yoga, and meditation, and I give my consent for these services. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy, therapeutic cupping, Sport Stretch®, acupuncture, yoga, or meditation is not a substitute for medical care, medical examination, or diagnosis. I have informed my practitioner of all medical conditions and injuries that I am aware of and will inform my practitioner of any changes in my health status.

**WAIVER:** By signing this document, I hereby waive and release Mahogany Earth LLC from any and all liability relating to the services provided, including any injuries that may not arise or be discovered until the future. I agree to hold harmless and indemnify Mahogany Earth LLC for any sums, costs, or expenses incurred by Mahogany Earth LLC in connection with any accident, injury, loss, or damage related to the services provided.

**VALIDITY:** If any portion of this Consent and Waiver is held to be invalid or unenforceable, all other provisions shall continue to be valid and enforceable. This agreement supersedes any oral or written statements made by or to Mahogany Earth LLC in connection to the contents within.

I HAVE CAREFULLY READ THIS CONSENT AND WAIVER. I FULLY UNDERSTAND ITS CONTENT AND VOLUNTARILY AGREE TO ITS TERMS. COPIES OF THIS WAIVER WILL BE PROVIDED UPON REQUEST.

By checking this box, you are consenting to the use of an electronic signature in lieu of an original paper signature. You do have the right to request that you sign a paper copy instead.

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First Name

Last Name

Email Address

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Signature

Company Name (If Applicable)