

Margo A. Spak Hemedinger, PT/LMT



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Illness Liability Waiver

- I understand that social distancing is not possible during a massage treatment session.
- I understand that my clinician takes all possible precautions to keep me safe and protected from illness during my treatment session.
- I acknowledge that I am accepting massage services at my own risk of illness due to the close proximity required for an extended period of time during my visit.
- I release my Licensed Massage Therapist, Margo Ann Spak Hemedinger, PT/LMT, from all liability in regards to any illness incurred that may possibly be related to my massage treatment.

I understand that by **typing or signing** my name in the signature box below, I am accepting the terms of this waiver.

Name (please print): _____

Signature: _____

Date: _____

LMT Signature: _____

Margo Ann Spak Hemedinger, PT/LMT

Date: _____