

*Margo A. Spak Hemedinger, PT/LMT*



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## ILLNESS LIABILITY WAIVER For those under 18 or with cognitive deficits

For Those Under 18 / or with cognitive deficits, a parent or guardian must sign this waiver.

- I understand that social distancing is not possible during a massage treatment session.
- I understand that my child's clinician takes all possible precautions to keep him/her as safe and protected as possible during treatment sessions.
- I acknowledge that I am accepting massage services for my child at his/her risk of illness due to the close proximity for an extended period of time required during his/her massage session.
- 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 child's massage sessions.

**For those under 18 or with cognitive deficits, a parent or guardian must sign this waiver.**

Parent / Guardian understands that by **typing or signing** their name in the signature box below, they are accepting the terms of this waiver for said minor or individual with cognitive deficits.

Name of Client: \_\_\_\_\_  
please print

Name of parent / guardian: \_\_\_\_\_  
please print

Signature parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_

LMT Signature: \_\_\_\_\_  
Margo Ann Spak Hemedinger, PT/LMT

Date: \_\_\_\_\_