

CONSENT STATEMENT FOR MASSAGE TREATMENT

Name:..... Birth place, date:.....

Mother name:..... Address:.....

General indications for massage treatments:

- enhancing metabolic processes
- slowing down the loss of muscle mass that occurs with age
- promoting muscle regeneration
- increasing muscle performance
- improving general well-being
- unilateral strain on muscles and joints (e.g. monotonous standing or sitting work)
- chronic rheumatological diseases (e.g. Bechterew's disease, arthrosis, fibromyalgia nodules, lumbago, sciatica)
- detoxification, as an additional treatment to weight loss
- in the rehabilitation of neurological diseases (e.g. post-stroke rehabilitation, paresis, partial paralysis)
- rehabilitation of orthopedic diseases (e.g. scoliosis, clubfoot, discopathy (degenerative changes in the intervertebral disc))
- psychosomatic complaints (e.g. anxiety, digestive problems)
- stress-induced headaches, migraines
- traumas (e.g. fracture, sprain, dislocation, muscle and ligament rupture) in rehabilitation after

General contraindications for massage treatments:

- acute inflammation
- alcoholic condition
- tumor diseases
- epilepsy, – under the influence of alcohol, drugs
- febrile condition – infectious disease, skin disease, skin lesion
- recent trauma (e.g.: fracture, sprain, dislocation, muscle and ligament rupture, burn)
- acute rheumatic processes
- recovery period after surgery
- untreated, extremely high blood pressure
- uncompensated heart complaints
- open wounds, lack of epithelium
- peripheral circulatory problems (e.g.: vasoconstriction, ulcer, varicose veins, deep vein thrombosis)
- mentally impaired patient (except strokes)
- cardiovascular disease (heart surgery, coronary artery, muscular atrophy, pacemaker)
- TB
- excessive drug consumption
- bleeding tendency (e.g.: due to medication, disease, haemophilia, leukaemia), advanced osteoporosis

1. I read and understood the above contraindications.

2. I declare that I do not have any known complaints (contraindications) from the above list, and I have no known or hidden diseases.

3. I have been informed and have become familiar with the concept of risk associated with massage treatment, its possible advantages and disadvantages, and the use of the massage service is at my own risk.

4. I have received complete and satisfactory answers to my questions about the massage treatment. I have no further questions about the massage treatment.

6. After carefully considering the above facts, I have come to the conclusion that I will ask Chakhachiro Semira to perform the massage treatment.

7. I acknowledge that the Lomi.Lomi massage is not an erotic, sexual service, so the massage does not contain any sexuality - neither on the part of the masseur nor on the part of the client/guest.

8. I declare that I will not make any claim for compensation in addition to the amount of the massage treatment I ordered. Unless there is damage that is considered intentional damage to me. I acknowledge that the burden of proof of this is on me in all disputes.

10. I made this declaration in full awareness of my ability to discern, of my own free will, and after reading it, as if it were in full agreement with my will, I signed it with my own hand in approval.

Győr, 202.. ..

signature