

Non-Draping Massage Consent Form

Client Name: _____

Massage Therapist Name: _____

By signing below, I acknowledge and agree to the following regarding my upcoming massage session:

Non-Draping Choice:

I have chosen to receive a massage without the standard draping protocol, meaning I will be partially or fully undraped during the session at my volition and discretion, exposing areas beyond what is typically considered appropriate for massage therapy. This may include, but is not limited to, not draping the gluteal cleft, breast tissue, and/or genitals.

Understanding of Risks:

I understand that opting for a non-draping massage may involve potential discomfort or exposure, and that it is my responsibility to communicate any boundaries or concerns to the therapist throughout the session.

Therapist Discretion:

The therapist reserves the right to pause or modify the massage, including draping any areas if necessary due to concerns about my comfort, safety, or professional boundaries.

Right to Terminate Session:

I understand that the massage therapist reserves the right to terminate the session immediately, without refund, if I exhibit any behavior that is sexually suggestive, inappropriate, or makes the therapist feel uncomfortable. This policy is in place to ensure a safe and professional environment for both the client and therapist.

Informed Consent:

I have been informed of the potential risks and benefits of a non-draping massage and voluntarily choose to proceed with this option.

Client Signature: _____

Massage Therapist Signature: _____

Date: _____