

# Calm Massage & Bodywork

## Cupping Massage Release Statement

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

I understand that all treatments at Calm Massage & Bodywork are therapeutic in nature. I agree to notify the therapist of any physical discomfort or draping issues during the session.

This facility has provided me with information on the Massage Cupping bodywork technique. If I choose to experience this therapy in my treatment, I understand the effects and after-care recommendations. It has been explained to me that there is the possibility of skin discoloration, or "cup kiss," appearing as tissue is released. I am aware that a "cup kiss" is *not* a bruise and that it will dissipate within a few hours to a few days.

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Signature

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date