

Apex Massage and Wellness  
**Modern Cupping Therapy**  
Client Release Form

Modern Cupping Therapy utilizes negative pressure rather than tissue compression. By creating suction and negative pressure, cupping therapy lifts connective tissue, releases rigid tissue and loosens adhesions. Cupping pulls interstitial fluid, stagnation and debris from underlying tissue allowing it to be flushed out via the lymphatic and circulatory systems. Due to the nature of the suction force, markings may occur. Additional information can be found on our website at [www.apexmassage.net/cupping](http://www.apexmassage.net/cupping)

- All treatments at Apex Massage and Wellness are therapeutic in nature. I agree to communicate to the therapist any physical discomfort or draping issues during the session.
- There are contraindications for Modern Cupping Therapy. I have, or will, fully disclose all health factors to my therapist, including those not mentioned on my Health History Intake Form to avoid any complications.
- There is the possibility of discolorations that can occur from the release and clearing of stagnation and interstitial debris from my body. This reaction may appear to be a bruise.
- I understand that this reaction is not bruising, but due to interstitial debris, pathogenic factors and stagnation being drawn to the surface to be cleared away by my circulatory and lymphatic systems.
- I further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to my after-care activities.
- Exposure to certain extremes following a cupping session can produce undesirable effects and I should avoid such situations as mentioned below.
- I understand that Modern Cupping Therapy modalities should NOT be combined with aggressive exfoliation, 4 hours after shaving, after a sunburn or when hungry or thirsty.
- I understand that I should avoid exposure to extreme cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs and aggressive exercise for 24 hours.
- I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and I should consume an abundance of clean water.
- Information has been provided or made available to me about Modern Cupping Therapy. If I choose to experience these therapies during treatments, I understand the potential effects and after-care recommendations.

I (print name) \_\_\_\_\_ agree to allow the Modern Cupping Practitioner to perform Modern Cupping. I also agree that I have read, understand and will follow all of the information stated above and will not hold the practitioner responsible.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_