

Religious Cupping (Hijama) Consent and Release of Liability Form

State of California

This Release of Liability and Consent ("Agreement") is entered into on this ____ day of _____, 2025, by and between:

1. Releasor: _____

Address: _____

Phone: _____

2. Releasee: _____

Address: _____

Phone: _____

1. Purpose of Cupping (Hijama)

I, the undersigned, acknowledge that I am voluntarily undergoing the procedure of cupping (Hijama) as a religious practice and as part of fulfilling the Sunnah of the Prophet Muhammad (peace and blessings be upon him). This practice holds spiritual significance for me, and I affirm that my participation is based on my personal religious beliefs and desires.

2. Description of the Procedure

Cupping (Hijama) involves the application of suction cups to the skin, followed by the making of small scratches on the skin's surface, which may or may not result in the release of blood. I understand that this is an integral part of the procedure and accept the nature of the process as explained.

3. Acknowledgment of Risks

I understand and acknowledge that cupping (Hijama) involves certain risks, including but not limited to:

- Minor pain, discomfort, or bruising
- Temporary swelling or skin discoloration
- Potential for bleeding from scratches

- Possible infection or skin irritation if proper aftercare is not followed

I confirm that I have been informed of these risks and accept them voluntarily.

4. Release and Waiver of Liability

In consideration for being allowed to undergo cupping (Hijama), I hereby release and discharge the practitioner (Releasee), including their agents, employees, or affiliates, from any and all claims, liabilities, damages, or expenses that may arise from this procedure, including but not limited to those caused by negligence or omission.

I understand that the Releasee is not a licensed medical professional (unless otherwise specified) and that this procedure is being performed as a religious and spiritual practice, not a medical treatment.

5. Medical Consent and Responsibility

I confirm that:

- I have disclosed any relevant medical conditions, including but not limited to blood disorders, skin conditions, or allergies.
- I am not pregnant or under any medical condition that would make cupping (Hijama) unsafe.

In the event of an emergency, I consent to medical treatment and understand that I am financially responsible for any medical care provided.

6. California Civil Code Section 1542

I understand that this Agreement includes a release of claims which I may not yet be aware of. I expressly waive my rights under Section 1542 of the California Civil Code, which states:

“A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release, which, if known by him or her, would have materially affected his or her settlement with the debtor or released party.”

7. Agreement to Follow Instructions

I agree to follow the instructions provided by the practitioner before, during, and after the cupping (Hijama) procedure, including but not limited to aftercare recommendations.

8. Binding Agreement

This Agreement is binding upon me, my heirs, legal representatives, and assigns. It is governed by the laws of the State of California. Any disputes arising from this Agreement will be resolved in the courts of California.

9. Participant Statement

I acknowledge that I have read this Agreement carefully and understand its terms. I voluntarily consent to the cupping (Hijama) procedure, fully understanding its purpose, process, risks, and implications.

Participant Name (Printed): _____

Signature: _____

Date: _____

Parent/Guardian (if under 18): _____

Signature: _____

Date: _____

Practitioner Name (Printed): _____

Signature: _____

Date: _____