

POLICIES & AGREEMENTS

Please take a moment to carefully review all of the policies. If you have any questions, please ask for clarification. Please initial **EACH** statement.

I understand:

- _____ All information given on my client history form is correct and up-to-date. I take it upon myself to update any/all changes in my health either prior or during future visits.
- _____ This is a non-sexual massage and is for therapeutic purposes only. Therefore, any sexually implicit behavior will result in the immediate termination of the session for which I will be charged in full.
- _____ The therapist does not diagnose, treat or prescribe for any illness, ailment, or disease. While the therapist may assist me in relief of physical or emotional symptoms, I understand that the therapist will not "fix" me. This massage is not a substitute for medical care by a licensed health care provider.
- _____ Payment is to be paid by cash or credit card after the massage session.
- _____ That I have a right to privacy and that my information will be kept confidential, except where required by law.
- _____ There is a 24 hour cancellation policy for all sessions. It is my responsibility to cancel my appointments at least 24 hours in advance and failure to do so will result in my being charged in full for the missed appointment. I may send a friend in my place if I am not able to make my appointment.
- _____ That my session is reserved especially for me and that I will be ready to begin my session on time. If I am not ready or can not begin my session, my session time will end as scheduled.
- _____ This is my session and it is my responsibility to let my therapist know if anything during the session needs adjustment to meet my level of comfort.
- _____ That I will not receive or require to keep my session while under the influence of drugs or alcohol and I will be charged in full for my session.
- _____ That I will arrive to my session with good personal hygiene
- _____ Any client under the age of 18 is required to have a parent/guardian present in the room for the duration of the session.

I understand and accept all the above policies

Client Signature

Date

Parent/Guardian Signature

Date