



I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I work with my physician or other primary medical caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have stated all of my known physical conditions, medical conditions and medications, and I will keep the Massage Therapist informed of any changes or discomforts I feel during the massage. I will take it upon myself to keep the Massage Therapist updated on my physical health. I agree that all information I provided is true, accurate and complete.

Inappropriate behavior will not be tolerated. The Massage Therapist reserves the right to terminate the session at any point due to inappropriate conduct.

24 hour cancellation is required. This allows the opportunity for someone else to schedule an appointment. Missed appointments, or no-shows, will be charged the full amount of the scheduled service. This amount must be paid prior to your next scheduled appointment.

Depending upon how late you arrive, your session may be shortened or rescheduled. This is necessary in order for the therapist to stay on time for following appointments. You will be responsible for full payment of the session.

I have read this waiver of liability and policies, fully understand its terms, and acknowledge that I am signing the agreement freely and voluntarily. I covenant that I am age 18 or older.

Signature: _____ Date: _____
(Client/Responsible Party)

Printed name: _____