

## Client Agreement

I, \_\_\_\_\_, understand that massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion and improve circulation. Any other intended purposes for massage therapy are specified below:

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary 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 informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so the treatment can be adjusted.

I understand and agree to abide by the therapist's policies and will not hold Revival Massage & Wellness LLC or the therapist responsible for any personal injury or loss of property.

## Policies

Unanticipated events happen occasionally and I will do my best to accommodate your situation. To be effective and fair to all clients, however, the following general policies will be enforced:

**Cancellation & Rescheduling Policy:** If you need to cancel or reschedule an appointment please call. It is acceptable to cancel your appointment by leaving a voicemail. It is not acceptable to cancel via text or social media message, as they are unreliable methods. 24 hours advance notice is required when canceling/rescheduling an appointment. This allows the opportunity for someone else to schedule an appointment in your appointment spot. If you are unable to give 24 hours advance notice, you will be charged a \$30 fee for your scheduled appointment. This amount must be paid prior to rescheduling your appointment.

**No Shows:** In the event that you either forget or consciously choose to forgo an appointment (without 24 hours advance notice), it will be considered a "no show." You will be charged a \$30 fee for the missed appointment. This amount must be paid prior to rescheduling your appointment.

**Late Arrivals:** Please understand that if you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending on how late you arrive, the therapist will determine whether or not there is enough time remaining to begin the treatment. Regardless of the length of the treatment actually given, you will be responsible for payment for the full session.

**Online Booking:** When Booking Online you will be asked for a credit card to reserve your appointment spot. You will not be charged until you are seen. If you no-show or cancel your appointment (less than 24 hours) you will be charged a \$30 fee. This will be taken from the card on file that you provided upon booking online or this will need to be paid via an invoice that will be emailed directly to you before you are able to re-book.

**Payment Agreement:** All payments are due at time of service unless other arrangements have been made in advance.

**Inappropriate Behavior:** Please understand that sexual energy or activity of any kind before, during or after the massage session will not be tolerated. Inappropriate behavior of any kind, as determined by the therapist will result in immediate termination of the session, and you will be responsible for payment for the full session. Please be aware that any inappropriate behavior will be documented and authorities will be notified.

SIGNATURE OF CLIENT: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT or LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF THERAPIST: \_\_\_\_\_ DATE: \_\_\_\_\_