

Massage Client Waiver Form

Please take a moment to read and initial all the following statements:

x_____ By signing this release, I hereby waive and release, Haley Wilson - CMT, CMLDT from any and all liability, past, present and future, relating to massage therapy and bodywork.

x_____ I understand that should I cancel an appointment less than 24 hours before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under a Gift Certificate or Pre-Paid Package, the certificate/session will be voided in lieu of the fee. Full payment must be paid prior to scheduling any future massage therapy sessions.

x_____ Excessive cancellations and/or rescheduling appointments will result in denial of future massage therapy sessions at the discretion of the massage therapist.

x_____ It is my responsibility as the massage client, to notify Haley Wilson – CMT, CMLDT as soon as possible should I test positive with Covid-19, am under the weather due to the flu, begin to feel a flu coming on, or are at the tail-end of a flu. Should I fail to do so, Haley Wilson – CMT, CMLDT has the right to deny massage therapy services and I will be charged the full amount of my session that day.

x_____ Appointment times have been arranged specifically for me. If I arrive late, my session will be shortened to accommodate others whose appointments follow mine. Regardless of the length of the treatment actually given, I will be responsible for the cost of the FULL SESSION.

x_____ If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

x_____ I have read the above release and waiver of liability and fully understand its contents. I also affirm that I have stated all my known medical conditions and answered all questions honestly.

I voluntarily agree to the terms and conditions stated above. Please Sign & Date below.

Print: _____ **Signature:** _____

Date: _____