



Informed Consent

I _____ (client) have received, read and understand the policies and procedures of Cleveland Mobile Massage.

_____ (therapist) has informed me of her/his qualifications, the kind of massage services to be provided, the benefits, risks and goals of the session(s) that we have agreed upon. I understand I reserve the right to withdraw my consent at any time during any session.

I _____ (client) understand that the massage services provided by _____ (therapist) are intended to promote relaxation and circulation, relieve stress, muscle tension, spasms and related pain. I understand that the massage therapy is not a substitute for medications or medical treatment and that the massage therapist does not diagnose illness nor prescribe medical treatment or perform spinal manipulations. I have informed the massage therapist of all my known mental and physical conditions, and of medications I currently use, and I will keep the massage therapist updated on any changes in my health. I understand that there shall be no liability on the practitioner's part due to my failing to relay any pertinent information. If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so that treatment can be adjusted.

*This is a therapeutic massage and any sexual remarks/advances will terminate the session immediately and I will be liable for full payment of the scheduled treatment.

*I understand that if I arrive late, my session will end at the originally scheduled time so that the client following me is not penalized.

*I agree to give 24 hours notice for a scheduled session that I cannot keep. I am aware that I may be charged the full fee for any missed sessions that I do not give 24 hour notice to cancel or reschedule.

Client Signature

Date

Licensed Massage Therapist

Date