

Client Release Form

- I understand that all treatments/services performed at SeaZens Massage, LLC are therapeutic in nature and NOT medical
- I agree to communicate to the therapist if I feel any physical or personal discomfort, including pain or any draping issues that may occur during any session
- I have fully disclosed any health factors or injuries to the therapist listed on the New Client Intake Form
- I understand that some treatments used by the therapist, such as cupping, may result in discoloration of the area treated that can occur with the release of stagnant toxins from my body
- I also understand that the reaction that occurs after cupping is not bruising, and in fact is a result of cellular debris and pathogenic toxins being released and cleared away by my circulatory system
- I further understand that the discoloration will dissipate and may take a few hours to a few weeks to fully resolve. I understand that this will not impact any physical activity, but can be noticed visually depending on clothing that is worn
- I understand that experiencing soreness after a massage is normal as the techniques used carry blood and nutrients to the muscles while eliminating toxins. Furthermore, a delayed onset of muscle soreness can occur after stimulating muscles that haven't been used often enough
- I understand SeaZens Massage, LLC has a 24 hour cancellation policy from the time the appointment is booked/made, and no charges will accrue as long as the cancellation is made within the cancellation time frame by phone, verbally, or in writing. In the event the cancellation occurs less than the 24 hour window, I agree to have my credit card charged a fee of 50% of the cost of that massage.
- No show appointments will be charged 100% of the service price and I agree to have my credit card on file charged the full amount
- I agree that I have read the entire Client Release Form and have discussed with my therapist any verbiage that I may not understand prior to signing this form. I further release my massage therapist and SeaZens Massage, LLC of any responsibility

Date: _____ Print Name: _____ Signature: _____

Date: _____ Practitioner Name: _____ Practitioner Signature: _____