

Massage Therapy Service Agreement OUT OF AREA

TERMS OF AGREEMENT:

The Client named below is agreeable to the terms and conditions set out in this Agreement and hereby agrees to compensate the Contractor Joseph LaTorre to provide the Client with massage therapy services which may include: Assessment of medical history, posture, and movement dysfunction; and hands-on manipulation of the soft tissue using various massage modalities, bodywork practices, and neuromuscular stretching.

PAYMENT POLICY: A valid credit card is required (to be on file) in order to book your massage appointments.

Accepted Forms of Payments: Cash, Credit Cards, Checks, Electronic Fund Transfers, PayPal, Cash App.

Deposits: Client agrees to pay a 50% Deposit to include: travel fee + massage session prior to receiving services. This is Non-Refundable if changing, cancelling, missing appointments for any reason.

Travel Fee Pricing: Beyond 25 miles of Satellite Beach Florida are:

TO...Vero Beach, Port. Saint Lucie, Orlando. (Starts at \$75)

TO...Palm Beach, Ft. Lauderdale, Miami, Tampa, Naples, Jacksonville. (Starts at \$150)

CANCELLATION POLICY (OUT OF AREA SERVICES):

The Client agrees to provide the Contractor a (48) hour notice (via phone message + email confirmation) of schedule changes or cancellation requests. The Client agrees that cancelling for any reason forfeits the (50%) Deposit due to the time, effort, and expense involved in scheduling the appointment in advance.

CONFIDENTIALITY: All information contained in this agreement is subject to Privacy Laws, is Protected Information, and should be destroyed if received by parties not named in this agreement.

MESSAGE SESSION START TIMES:

In retaining massage services of the Contractor at the Client's location, it is agreed upon that the Contractor will be there at an approximate time, with every attempt made to be on time or early. The Client agrees that an approximate arrival time by the Contractor does not constitute the Contractor being late and is considered necessary and normal in the context of traveling to the Client's location. The Contractor reserves this right as an industry expert whose services are unique and in high demand. If the Client is running late to meet the Contractor for the scheduled appointment, the Client agrees to notify the contractor by both phone and email. Contractor agrees to the same.

By signing below, you agree to abide by this policy, and to the total agreed upon costs for massage services below.

(Street address - city/state/zip code): _____

(Date of Service - Month/Day/Year): _____ Time of Day: _____.

Number of Sessions: _____ . Length of Session/s: _____

(Massage Costs): \$ _____ . (Travel Fee): \$ _____ . (Total Costs): \$ _____

Client Name: (Print) _____

Client Signature: _____ Date: _____

Contractor (Print Name): _____

Contractor Signature: _____ Date: _____

General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy and bodywork practices.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release the Contractor from all liability concerning any injuries that may occur during the session.

- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that I or the massage therapist may terminate the session at any time.
- 9) I've been given a chance to ask questions about the massage session and my questions have been answered.
- 10) If I forget or consciously choose to forgo my appointment for whatever reason, it's considered a "no-show," and I will be subject to the charges outlined in this contract.

Client (Print Name): _____

Client Signature: _____ Date: _____

Additional persons receiving services on same date/s as Client agree to same terms and conditions of agreement.

Print Name: _____

Sign: _____ Date: _____

Print Name: _____

Sign: _____ Date: _____

Print Name: _____

Sign: _____ Date: _____