

(FORM-A)

Massage Therapy Services & General Liability Agreement

TERMS OF AGREEMENT:

The Client is agreeable to the terms set out in this Agreement and hereby agrees to compensate the Contractor Joseph LaTorre to provide the Client with massage services which include assessment, hands-on soft tissue therapy, and bodywork practices.

CANCELLATION POLICY:

To secure an appointment for massage therapy services, the Client agrees to pay a 25% Deposit at the time of booking. The Client agrees that cancelling for any reason forfeits the (25%) Deposit due to the time, effort, and expense involved in scheduling the appointment. If the client must cancel or re-schedule an appointment, The Client agrees to provide the Contractor a (24) hour notice by both phone (voice message/text) and email message. (Return of deposits may be considered on a case-by-case situation).

- 1) I have clearance from my physician to receive massage therapy.
- 2) I understand the risks associated with massage therapy and therefor release the Contractor from all liability concerning any injuries that may occur during the session.
- 3) 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.
- 4) I understand that there may be additional risks based on my physical condition, especially if I am pregnant or seeking geriatric massage.
- 5) I've been given a chance to ask questions about the massage session and my questions have been answered.
- 6) I understand that to receive massage therapy on the female breast tissue requires completion of an "informed consent for breast massage" form.
- 7) I understand that those under the age 18 (minors) must complete a release form to receive massage services.
- 8) If I forget or consciously choose to forgo my appointment for whatever reason, it's considered a "no-show," and
- 9) I will be subject to the charges outlined in this contract.
- 10) I understand that this information is subject to CONFIDENTIALITY, between the Client & Contractor.

By signing below, you agree to abide by the terms and conditions of this policy.

(Agreed Upon Date of Service-Month/Day/Year): _____

Agreed Upon Time of Appointment: _____

Length of Session: _____

(Agreed Upon Cost of Massage Services): \$ _____

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

Client (Print Name): _____

Client Signature: _____ Date: _____