



Welcome, from Massage 4 Life!

I am 100% committed to your satisfaction.

Please read, initial, and sign each policy to ensure you have a GREAT experience with me.

Client Name: _____

Date: _____

CANCELLATIONS/RESCHEDULING:

★ If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 24 hours in advance. I agree to pay \$50 or 50% of the full session rate (whichever is greater) if I give less than 24 hours' notice. _____

★ I agree to pay the full session rate if I give 2 hours' notice or less, or if I miss an appointment without giving notice. _____

★ If, within 24 hours of my session, I develop a contagious illness, or have a sudden, unplanned health or personal emergency rendering me unable to make my appointment (including COVID-19 symptoms), I will inform D.D. Willingham with Massage 4 Life right away. I will pay the cancellation fee, or session fee (if less than 2 hours' notice), unless an exception is granted, only at the discretion of Massage 4 Life. _____

★ I understand that I am still responsible for my appointment until I hear back from D.D. Willingham confirming the request to cancel/reschedule. _____ ARRIVING ON TIME/SESSION LENGTH:

★ I understand that D.D. Willingham will arrive 30 minutes early for an initial appointment to prepare paperwork and set-up as to receive the full consultation session time. I understand that D.D. Willingham will arrive 10-15 minutes early for any subsequent or additional appointments to set up to receive the full session time. If I am late for my session, I understand that D.D. Willingham will only give me the time that remains of my appointment, and I will pay for the full length of the session that I booked. _____

★ I understand that for me to receive the best aromatherapy consultation session possible, I know that I must communicate ANYTHING and everything pertinent to my overall health. I take it upon myself to communicate right away if I feel unwell or uncomfortable at any time during



the session so that D.D. Willingham can adjust. I understand that D.D. Willingham wants my HONEST communication _____

I have read, understood, and agreed to the above policies and information.

Signature: _____ Date: _____