

## INFORMED MESSAGE CONSENT FORM

All information provided is for the use of the therapist and will not be shared.

FULL NAME, PHONE #

---

I further understand that Massage Therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that the treatment I receive is provided for the purpose of relaxation, stress reduction and the relief of muscular tension. If I experience pain or discomfort during the session, I will immediately inform the therapist.

I do understand that any illicit or sexual suggestive remarks or advances made by me will result in the termination of the session and I will remain responsible for payment of the entire scheduled appointment.

### Cancellation Policy

Cancellation/rescheduling of any appointment must be received at least 24 hours in advance; otherwise 100% of the appointment fee is due.

### Late Arrivals

Late arrivals will result in a shorter session accordingly, while full cost of a booked time slot will be applied.

Out of respect and consideration for your therapist and other customers, please plan accordingly and be on time.

Signature\_\_\_\_\_

Date\_\_\_\_\_