

Client Agreements

Because a massage therapist must be aware of any existing physical conditions that I have, I have listed all my known medical conditions and limitations and I will inform my therapist of any changes in my physical health.

I understand and agree that:

1. The massage that I am given is for the purpose of stress reduction, relief from muscular tension/spasm and /or for improving circulation.
2. A massage therapist neither diagnosis illnesses, disease, or any other medical, physical or mental disorders, nor performs any spinal manipulations.
3. I am responsible for consulting a qualified physician for any physical ailments that I may have.
4. If I should make advances toward the service provider or have sexual intentions relating to the session the therapist has the right to terminate the session.

I agree that all services rendered to me are charged directly to me and I am responsible for payment unless prior arrangements have been made. I agree to pay in full for all scheduled appointments that I am unable to keep unless I notify my therapist at least 24 hours in advance.

Signature _____

**If under 18 years of age
Parent or guardian must sign** _____

Date _____