

Policy Notification

I appreciate that you've chosen me for your massage and bodywork needs. To provide the best service possible to my clients, I have implemented the following policies.

Cancellation Policy

I respectfully ask that you provide me with a 24 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice I am often unable to fill that appointment time. This is an inconvenience to me and also means my other clients miss the chance to receive services they need. For this reason, I reserve the right to charge you \$25.00 for each missed appointment. I also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

I understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, I request that you cancel your session. I have clients with compromised immune systems and I would like to keep everyone healthy.

Inclement weather may also result in the need for late cancellations. I will do my best to give advanced notice if I will be closing or need to cancel due to bad weather and I ask you to do the same. Please do not risk your own safety trying to make your appointment.

Late cancellation due to emergency, illness, or inclement weather will not result in any missed session charges.

Late Arrival Policy

I request that you arrive a couple of minutes prior to your appointment time to allow time to fill out any required paperwork or answer any intake questions I may have. I understand that issues can arise that may cause you to be late for your appointment. However, I ask that you call to inform me if this ever occurs so I can do my best to accommodate you.

Appointment times are reserved for each client, so oftentimes I cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time.

Full service fees will be charged even when sessions are shortened due to late arrival.

In return I will do my best to be on time, and if I am unable to do so I will add time to your session to make up for my late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited I may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Signature: _____ Date: _____

General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that Valerie Smothers, LMT 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 Valerie Smothers, LMT from all liability concerning these injuries that may occur during the massage session.

6) I understand the importance of informing Valerie of all medical conditions and medications I am taking, and to let her 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 Valerie of any discomfort I may feel during the massage session so she may adjust accordingly.

8) I understand that I, or Valerie, may terminate the session at any time.

9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature

Date