

# BALANCED

## PROFESSIONAL MASSAGE THERAPY

### Massage Client

### Policy Agreement

Please read the following policy carefully. Once you sign this agreement, it will be kept on file at Balanced: Professional Massage Therapy and will be in effect for the duration of your time as a client of Balanced. We would be more than happy to answer any questions that you may have about this agreement. Thank you for choosing Balanced!

1. I understand my therapist **does not diagnosis illness or medical conditions**. It is my job to inform the therapist of any pre-existing medical condition(s), including allergies, that I may have so that the therapist can tailor the session to my needs.
2. I am fully aware **that this is a non-sexual massage**. We are professional therapists. Any misconduct or inappropriate behavior will result in immediate termination of the session with full payment due and the authorities will be contacted immediately.
3. I understand that I will always be fully covered, draped with a sheet, during my session, and only the area that is being worked on will be exposed and then re-covered. My therapist is there to make sure that I am comfortable throughout my entire session and I am free to voice any concerns I may have at any time during my treatment.
4. I agree to pay in full after the massage has been performed unless payment was made in advance. I understand that Balanced accepts credit cards, checks and cash. **If my check bounces, I agree to pay a service fee of \$35.00 plus the original amount of the check.**
5. I understand that the therapists at Balanced graciously accept gratuities and these may be paid directly to the therapist at the time of treatment or added to the payment on a check or credit card.
6. I understand that there is a **24-hour Notice of Cancellation policy** that is strictly enforced. Failure to do so will result in full payment for the cancelled or missed appointment.
7. If I am late for an appointment, I understand that the massage will still end at the scheduled time in order for the therapist to be on time for their next appointment.
8. I agree to maintain good personal hygiene for each session.
9. I understand that all personal information will remain private and confidential.
10. I have permission from my doctor, in the case of pre-existing conditions, to receive massage and DO NOT hold Balanced, or its contacted therapists, liable for any complications that may arise due to any known medical conditions.

At Balanced, our goal is to provide you with the best possible experience during your therapeutic massage session. With this being said, remember to turn off your cell phone, put pets away and prepare to experience all the benefits that massage can offer, in the comfort of your own home or office.

**I agree to the above terms and conditions and have disclosed any current health conditions to the best of my knowledge.**

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Client Signature	Date	Massage Therapist Signature	Date
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