

## MASSAGE THERAPY WAIVER

I understand that the massage, Polarity and craniosacral therapist (herein called practitioner) does not diagnose illness, disease or any other physical or mental disorder. They do not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations. I also understand that massage, Polarity and craniosacral therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.

Because a practitioner must be aware of existing physical conditions, I have stated all my known medical conditions and will keep the practitioner updated on my physical health.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

### CANCELLATION POLICY

- 1) We find it necessary to maintain a strict cancellation policy because of the length of time that we spend with each client, (one hour) and the demands on our schedule. We must do this in order to keep the practice financially viable and to utilize time efficiently.
- 2) **24 hours notice is required for cancellations.** If 24 hour notice is not given, you will be billed for the full amount of the session. If less than 24 hour notice is given, every effort by our staff will be made to fill the appointment from the Waiting List. If it cannot be filled, you will be charged. We cannot bill insurance for missed appointments; therefore, you will be responsible for the payment.
- 3) Exceptions will be made in cases of emergency or illnesses after the approval of the practitioner.
- 4) In return we promise to give you the same amount of notice if we need to cancel and to be on time with appointments. We also promise to give you our full attention during your session.

I understand and agree to comply with the above policy.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Date