

Massage Therapy Waiver & Consent Form

I understand that the massage I receive is provided for the basic purpose of relaxation, stress reduction, and relief of muscular tension. I further understand that the massage 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 mental or physical ailment that I am aware of.

I understand that massage therapists are not qualified to perform skeletal adjustments, diagnose and/or prescribe, and anything said during the course of the session should not be construed as such.

Because massage is contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Name (Please Print): _____

Signature: _____

Date: _____

Cancellation Policy & Stored Credit Card Information

Please note that we have a firm 24 Hour Cancellation Policy for massage and healing services. Appointment cancellations or changes need to be made at least 24 hours prior to the scheduled appointment. Any appointment cancelled with less than 24 hours notice will result in full treatment charge.

Credit Card Authorization

<i>CREDIT CARD INFORMATION</i>		
<i>Card Type:</i>		
<i>Cardholder Name (as appears on card):</i>		
<i>Card Number:</i>	<i>Expiration (MM/YY):</i>	<i>CCV#:</i>

I, _____, authorize Jade Wellness Studio to charge my credit card above for services cancelled with less than 24 hours notice. I understand my information will be stored in my account to secure all future appointments.

Client Signature

Date