



Office Policies

Client Name: _____ **Date:** _____

Date of Birth: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Cancellation

A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Cancellation

You are responsible for paying the missed appointment/late cancellation fees.

Financial Responsibility

Your signature below confirms your financial responsibility for all services.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent/Guardian Signature if under 18)

MEMBER
Associated Bodywork & Massage Professionals

