

## Sanctus and Massages by Janice

### Policy Statement

I have completed this form to the best of my knowledge and will inform my massage therapist of any changes to my health. I understand that I should seek an appropriate health care provider for diagnosis and treatment of any suspected medical problems.

If receiving a prenatal massage, I understand this type of massage is only available starting in the second trimester. I will also inform my massage therapist if my pregnancy is high risk.

Sexual advances, request for sexual favors and other verbal or physical conduct of sexual nature will be considered as sexual harassment and will not be tolerated.

We reserve the right to substitute with an equally qualified Massage Therapist in the event we are sick or unable to work that day.\*\*

If I need to reschedule my appointment, I will give at least \*24 hour notice so that you can fill the space. If I cancel with less than 24 hours notice or do not show up for my appointment, you will bill me the full session fee.

I understand that my personal and medical information is confidential and will only be disclosed to a third party with my permission.

I willingly consent to and accept all risks with receiving massage therapy.

By signing below, you confirm you have read and understand these policies

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

\*24 hour cancellation policy does not apply to illnesses. Please reschedule if you do not feel well the day of your appointment. Thank you.

\*\*Massages by Janice does not have employees. If I am unable to work, your appointment will be rescheduled for a different day.