Policies and General Liabilities Release Form
(Waiver)

I give my permission to receive massage therapy at Shimmering Palms. I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission including Covid-19. Other risks may include but are not limited to: short-term muscles soreness, superficial bruising (very likely if receiving cupping therapy) and exacerbation of undiscovered injury. I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto.

I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. I understand that the massage therapist does not diagnose any mental or physical illness or injuries, perform skeletal adjustments, does not prescribe and nothing said in the course of the massage should be construed as such.

I will inform the therapist if I have any pain or discomfort during the massage session, I will immediately inform the therapist so the pressure/strokes may be adjusted to my level of comfort. Professional draping will be used.

I have clearance from my physician to receive massage therapy. I will keep the therapist updated to any changes in my medical profile, all medical conditions and medications I am taking in case massage therapy should not be performed.

Retail products purchased by the customer (if applicable) i.e.: essential oil, eye pillow, balm, etc. are strictly for personal choice/retail purposes and no claims are made on products benefits, effectiveness and are not a prescription device or medication.

I understand that I or the massage therapist may terminate the session at any time. I will not book a session if I have a contagious illness such as Covid-19, Influenza, cold/strep, fever or open sores. I will be not be seen if ill or recently exposed to someone with illness.

No Shows and Late arrivals – I understand that failure to cancel 24 hours prior to my scheduled appointment time will result in a 100% charge of the same dollar amount of the treatment originally scheduled. For example a missed $30 chair massage will be $30 while a missed 2 hour session of $150 will be charged a $150 no show fee. All sessions will begin on time. If the client is late for the appointment the time missed will be deducted from the treatment time scheduled. If more than 15 minutes late it will be considered a No Show and the No Show fee will be assessed.

I understand that I will be given a chance to ask questions about my goals, concerns and needs for the massage therapy session and that my questions have been answered.

Print Name_____ Date____/_____/_____

Signature:_____ 230925