

Free Spirit Massage Office Policies



Client Name: _____ Date: _____

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

Cancellation

In the event that you do not call to cancel your appointment within 24 hours, or do not show for your scheduled appointment, you will be charged full price for the scheduled service. Payments for any cancellation fees must be made in full prior to any future appointments.

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 not within the 24-hour notice period, your therapist has the authority to waive the cancellation fee if he or she sees fit.

Cell Phones

Please be sure to turn off cell phones prior to treatments as they can be distracting not only to you but also your massage therapist. If you are expecting an important call or need to keep your phone on for emergency preprocess, please notify your massage therapist before treatment begins.

Payment

Payment is expected at the end of each visit, unless prior arrangements have been made. Free Spirit Massage accepts the following forms of payment: Cash, Check, Visa, Master Card, Discover.

Etiquette

Throughout your treatment you are discreetly covered. Inappropriate actions/language is cause for termination of treatment. We reserve the right to refuse service to anyone.

Evening Appointments

Please be advised that the door at the main entrance of the building closes at 6p.m. If you have an appointment at 6p.m. or later you will have to wait for your massage therapist to let you in.

It is our mission at Free Spirit Massage to provide a safe and healing environment. If during or after your treatment you have any questions or concerns please do not hesitate to voice them to your massage therapist. Feedback is always welcome.

Signature: _____

Date: _____