

Informed Consent | Liability Release | Payment Policy

Client Name: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Occupation: _____ Interests: _____

Informed Consent

I, _____, (client) understand that massage therapy provided by, _____, (massage therapist) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Signature: Date:

Liability Release

By signing below, I accept sole responsibility for the outcome of receiving massage therapy and / or yoga instruction with Quinn Caya and release him and his associates from all manner of liability.

Signature: Date:

Payment Policy

Payment for Quinn Caya's services is to be made prior to or on the date of your appointment. Accepted forms of payment are Check or Cash only. Missed appointments or cancellations with less than 48 hours notice are subject to a charge in the full amount to compensate for the practitioner's time. A \$25 fee will be applied for returned checks. *No cash refunds.

I understand the payment policies and agree to abide by them.

Signature: Date: