

HEALTH OPTIONS THERAPY CENTER



In consideration of being allowed to participate in massage therapy and/or body treatments conducted by Health Options Therapy Center and to use the facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release, and discharge Health Options Therapy Center and its employees and/or independent contractors from any and all responsibilities of liability from any injuries or damages resulting from my participation in any activities including massage therapy and/or body treatments. I do also hereby release all those mentioned and others acting upon their behalf from any responsibility of liability or damage to myself, including those caused by negligent act, omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activity of Health Options Therapy Center.

24-Hour Cancellation and No-Show Policy

My massage therapy and/or body treatment session has been reserved as a time exclusively for me. If I do not cancel my appointment with a minimum of **24 hours advance notice** I will be charged **the full amount** of my missed appointment, to be paid prior to my next scheduled appointment.

Late Arrivals

Arriving late for my session may cause it to be shortened in order to accommodate others whose appointments follow mine. Depending upon how late I arrive, my therapist will then determine whether there is adequate time remaining to start a treatment. Regardless of the length of treatment actually given, **I agree to be responsible for the full cost of the session reserved for me.**

I hereby agree to the above terms and conditions and acknowledge same by my signature below:

Signature: _____ Date: _____

Printed Name: _____