

Relax! Massage Therapy

**PLEASE READ BEFORE SIGNING**

**CANCELLATION / NO SHOW POLICY**

It is the policy of Relax! Massage Therapy that we **require a 24 hour or sooner notice for any cancellations**. Any same day cancellations or no shows will result in a fee designated by your provider up to entire service rate.

*Please understand that our massage therapists are independent contractors, they are not employees. Compensation for providers is earned at the time of your payment for your appointment. As your time is valuable to you, please value the specific time that has been set aside for your appointment by your provider.*

Late cancellation and no show fees may be waived at the discretion of your provider for extenuating circumstances as to the reason you were unable to make your appointment.

Please call our office as soon as possible to cancel your appointment. Leave a detailed message if we are unable to answer and your call will be returned as soon as possible. Thank you for understanding.

By signing this I have read and understand the above: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name Date

**Welcome!**

We are glad you are here and we look forward to helping you heal and feel your best! We are dedicated to supporting you in reaching your health and wellness goal and will be happy to answer any questions you may have!

**PERMISSION**

I, \_\_\_\_\_, give permission to Relax! Massage Therapy to send cards to my address. These cards include, but not limited to, birthday cards, thank you cards, announcement cards, etc. The return address label will have the name of the business on the envelope. We promise not send tons of junk mail!

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