

Cancellation Policy

Your appointment time has been reserved specifically for you. If you need to cancel or reschedule an appointment, a minimum of **24 hours notice** is required.

For appointments cancelled with less than 24 hours notice, or if you do not show up for your scheduled appointment, you will be charged the **full fee** for the missed appointment and will be held responsible for payment.

Informed Consent for Massage Therapy

I understand that my registered massage therapist is providing massage therapy services within his/her scope of practice as defined by the College of Massage Therapists of Ontario, and my treatment may include any combination of: physical and postural assessments, Swedish massage techniques, fascial work, deep tissue therapy, craniosacral therapy, and stretching.

Massage therapy in general can provide benefits of enhanced relaxation, stress reduction, reduced pain from muscle tension and spasm, improved circulation, and improved range of motion, to list a few of the benefits. These benefits are not, however, guaranteed. Every person and every condition react differently to massage therapy and the results cannot be predicted. After a massage, I understand that I may experience bruising, muscle soreness, muscle tenderness, and/or lightheadedness. I understand that my massage therapist will take measures to minimize all potential side effects.

General benefits of massage, any cautions or contraindications have been explained to me. Due to certain contraindications and cautions for massage, my therapist must be made aware of existing physical and medical conditions. I have informed him/her of all my known physical and medical conditions, and will keep him/her informed of any changes that occur in regards to my health. I understand that communication is a vital part of my health care.

I have read the above information and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me. I understand that at any time I may withdraw my consent and treatment will be stopped immediately.

Print Client Name

Client Signature (guardian if under 18 years)

Date Signed

Therapist Signature