

**Please initial that you have read and understand the following:**

**Arrival Time**

\_\_\_\_ Please arrive 10 minutes prior to your scheduled appointment time. Late arrival may result in an adjustment to your service, and we cannot neglect the next scheduled guest.

**Gratuity**

\_\_\_\_ Accepted in the form of cash or personal check. Can also be added to a credit card prior to running a credit card for services.

**Forms of Payment**

\_\_\_\_ We accept Visa, Master Card, Discover, bank debit cards, cash and personal checks. Personal checks are subject to a \$25 return fee.

**Gift Certificates**

\_\_\_\_ Gift Certificates are available for purchase in our spa during office hours. You may also create gift certificates and print instantly online from our website. We do not refund gift certificates and they may only be redeemed toward services or products in our spa.

**Cancellation Policy**

\_\_\_\_ As a courtesy to other guests and our therapists, please notify us at least 4 hours in advance if you must cancel or change any scheduled services. Without this notification, you will be charged one half of the service reserved. In addition, all spa packages must be guaranteed with a credit card.

**Valuables**

\_\_\_\_ Valuables should be left home. Many treatments require removal of all jewelry, personal items and or clothing, we regret that we cannot be responsible for their loss or damage.

**Product Returns**

\_\_\_\_ Exchanges or store credit, with receipt within 14 days of purchase, will be made only if the product is unused, unopened, and in its original packaging.

**Professional Boundaries**

\_\_\_\_ Should a client exhibit inappropriate behavior, services will be terminated immediately and the client will be charged in full.

**Release Form**

I understand that the massage/body work that I receive is provided for the basic purpose of relaxation. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the service can be adjusted to my comfort. I agree to inform/update the practitioner with any medical conditions that I may have and that there shall be no liability on the practitioner's part should I fail to do so.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_