

Bodywork Waiver

I, _____, understand that bodywork given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow.

I understand that Body Work does not diagnose any illness, disease, or any other physical or mental disorder. As such, the therapist does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations. I understand that massage therapy/bodywork does not constitute for medical examination, physical therapy, or diagnosis. It is also recommended that I see a physician for any physical ailments.

We understand that sometimes life brings unexpected happenings and you may need to cancel your appointment. If you know of any circumstance within 24 hours, please contact our office to cancel. There can be exceptions made to this rule. Three inconsistent occurrences in treatment such as not showing, canceling or arriving more than eight minutes late to appointments will result in automatic discharge from our facility. **Each cancellation that is not given within 24 hours is subject to a \$25.00 fee. Not showing up for an appointment is subject to a \$50.00 fee.** This is for your benefit as well as any other patient who may need that appointment time. We cannot afford to have missed appointments or time deducted from your treatment, it costs you and us valuable time.

Because the person performing Body Work must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical, mental, and emotional health.

SIGNATURE: _____ Date _____

WITNESS: _____ Date _____

Name _____ D.O.B. _____

Address _____

City, State, Zip _____

Phone (home) _____ (cell) _____ (work) _____

Email _____