

# Competitors Edge Massage

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Parents signature (under 18) \_\_\_\_\_

Have you had a professional massage before? \_\_\_\_\_

## Medical Considerations:

Please mark beside any that apply to you:

Diabetes \_\_\_\_\_

Contacts \_\_\_\_\_

Kidney Disease \_\_\_\_\_

High Blood  
Pressure \_\_\_\_\_

Asthma \_\_\_\_\_

Cancer \_\_\_\_\_

Heart Disease \_\_\_\_\_

Allergies \_\_\_\_\_

Skin Conditions \_\_\_\_\_

Fibromyalgia \_\_\_\_\_

Pregnant \_\_\_\_\_ If yes, how far along? \_\_\_\_\_

Other Medical  
Considerations: \_\_\_\_\_

Are you on any pain medication? \_\_\_\_\_ If so, when was the last time you took them? \_\_\_\_\_

Are you on any blood thinners? \_\_\_\_\_ If so, for what condition? \_\_\_\_\_

Do you have any areas you want avoided?  
\_\_\_\_\_

Do you have any areas of pain or discomfort you would like addressed?  
\_\_\_\_\_

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

Massage Therapist Signature \_\_\_\_\_

# General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive massage therapy.
- 2) I understand that therapeutic massage is not a substitute for traditional medical treatment or medications.
- 3) I understand that the massage therapist does not diagnose illnesses, injuries or prescribe medications.
- 4) I have clearance from my physician to receive massage therapy.
- 5) I understand the risks associated with massage therapy include, but are not limited to:
  - o Superficial bruising
  - o Short-term muscle soreness
  - o Exacerbation of undiscovered injury

I therefore release the company and the individual massage therapist from all liability concerning these injuries that may occur during the massage session.

- 6) I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my massage therapist of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that I or the massage therapist may terminate the session at any time.
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

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Signature

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Date

# Policy Notification

We appreciate you've chosen us your and bodyworks needs. To provide best service possible our clients we have implemented the following policies.

## Cancelation Policy

We respectfully ask that you provide us with a 24-hour notice of any schedule changes or cancellation requests. Please understand when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and means our other clients miss the chance to receive services they need. For this you be charged 100% of the service fee for the missed session. We also reserve the right to require a credit card number be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise, and illnesses do occur at inopportune times. If have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time; we request you cancel your session. Inclement weather may also result in the need cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

## Late Arrival Policy

We request that you arrive 5-10 minutes prior to your appointment time allow time fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

## Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You be charged the full-service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these polices.

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Client Signature

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Date

# Additional CEM Policies:

## Phones:

When clients are in sessions with the therapist, we request that clients have their phone off, unless an emergency requires otherwise. At any point should the client need to address their phone, therapists will take a step back from the table until the client is done with their phone. Please note, this does not mean the therapist will provide additional time to make up for the time lost while on the phone. While this is the client's session, we want to politely remind each individual that we will not work under unnecessary circumstances while client is on their phone. Be polite. ENJOY THE MASSAGE SESSION!

## Children under 18:

We have a large waiting room to accommodate anyone that may need to attend your session with you!

HOWEVER, guardians will be held responsible for any damages done to property, along with any items taken during the time of the visit. Please respect other's property and understand there are other clients in sessions during the time of your visit. If a client's session is disturbed by waiting room noise or any of the above situations occur, you may be asked to leave your child(ren) at home or not return.

Thank you for respecting those around you!

## Refunds for products, massage sessions, gift cards:

### Refunds will not be issued for gift cards.

Massage sessions that are paid for in advance will only be refunded before the 24-hour notice of appointment time. Otherwise, our late/no-show/no-call policies still stand.

When buying products, there will be no refunds issued, except under the following conditions:

- 1) When a product is found to be malfunctioned due to manufacturing.
- 2) When purchasing yoga balls. If the size selected does not work, we accept EXCHANGES for the proper size. Please note, you will have to pay the difference in price due to size exchange (the bigger the ball, the more expensive) when exchanging.

# X

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Client Signature, Date