**Cancellation Policy**

Notice of at least 12 hours is required to cancel your appointment. A cancellation on short notice, or failure to show up for a scheduled appointment will require that you pay in full for the missed treatment.

**Consent for Treatment**

- I have filled out/updated a health history form and have had an opportunity to ask any questions that I may have to clarify and better understand why an accurate health history is needed before the massage begins
- I understand that I have an opportunity to discuss with the therapist the nature of the massage therapy treatment.
- I am informed and understand that, as in all health care, in the practice of massage therapy there are some slight risks to treatment including but not limited to, bruising, lightheadedness or dizziness, and tenderness.
- I understand that I will be draped at all times and that the areas undraped will be secure to ensure there is no indecent exposure.
- I am informed that I have the right to terminate treatment at any time, and the right to alter the therapist's pressure during the massage treatment.
- I understand the cancellation policy and the fee schedule and accept full responsibility for prompt payment.

**Registered Massage Therapy Fee Schedule**

½ Hour- $75
¾ Hour- $96
1 Hour- $116
1.5 Hour- $166

*Plus HST

I have read the above consent. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the named procedures: Massage Therapy.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Name:_____ (please print) Date:_____

Signature: _____