

Cancellation/Tardiness/Sick Policy:

Client Name: _____

Please be advised of the policies for this practice. Your signature below signifies acceptance of these policies.

Cancellation

A 24-hour notice is required for cancellation of an appointment. If you cancel within the 24-hours prior to your scheduled appointment time, you will be charged 50% of the full rate for the appointment. If you are a No-show or cancel within 2 hours prior to your scheduled session, you will be charged the full rate of your session. Payment is due before your next appointment can be scheduled.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Client Signature: _____ Date: _____

Thank you for your understanding!

Elizabeth Zander Hale, LMT