

Informed Consent and Disclosure

By my signature below, I acknowledge that I have agreed to receive one or more massage therapy sessions at Nick of Time Therapeutic Massage (NoTTM). I understand and agree to the following:

1. Nick of Time therapists shall not diagnose or treat any illness, disease, or other physical disorder. Nothing said or done to me by a Nick of Time therapist shall be construed as such.
2. I will provide accurate information on the forms provided. Upon return visits I will update NoTTM when there are changes in my health status and I will not hold liable NoTTM for any health changes which may occur.
3. I am responsible for obtaining medical clearance from my health care provider(s). If I have a diagnosed medical condition that could be a contraindication for massage therapy, I will provide written documentation of clearance from my provider to NoTTM.
4. I understand that my health history and treatment information will be kept confidential at all times.
5. During my session I may expect to receive benefits such as reduced muscle tension, increased range of motion, and relaxation. NoTTM has not made any guarantees or promises about the results of my session. Any relief of physical or emotional symptoms is not a goal of these sessions.
6. I acknowledge that massage is performed directly on the skin with the use of lubricants and that areas of my body not being massaged will be draped. I give Nick of Time therapists full permission to work on my body. I also acknowledge that I have the right to decline treatment to any part of my body.
7. I will provide my therapist with feedback on their massage and will immediately inform them if I experience discomfort during the session, so the treatment can be adjusted.
8. NoTTM has the right to terminate a session or decline to provide care at any time for any reason.
9. I understand that appointment times are reserved for me and if I do not show up my therapist loses wages. If I miss my appointment or cancel less than 24 hours prior to my appointment time I agree to pay the full session fee.

I understand and agree to all of NoTTM's policies.

Client's Printed Name: _____ Client's Signature: _____

Date Signed: _____