

Policies

We are 100% committed to your satisfaction.

Please read and sign each policy to ensure you have a GREAT experience with us.

Cancellations/Rescheduling:

- If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 48 hours in advance. I agree to pay \$40 or 50% of the full session rate (whichever is greater) if I give less than 48 hours' notice. _____(initials)
- I agree to pay the full session rate if I give 12 hours' notice or less, or if I miss an appointment without giving notice. _____(initials)
- If within 48 hours of my appointment, I develop a contagious illness or have a sudden, unplanned health or personal emergency rendering me unable to make my appointment, I will inform West Broward Therapeutic Massage LLC right away, and if you are unable to fill my vacancy, I will pay the cancellation fee, or session fee (if less than 12 hours' notice). *If an exception is granted it is only on case-by-case basis and at the discretion of West Broward Therapeutic Massage LLC* _____(initials)
- I understand that I am still responsible for my appointment until I hear back from a staff member confirming they received my email, text or phone call requesting cancellation/rescheduling. _____(initials)
- I understand that I must keep a current active credit card on file with West Broward Therapeutic Massage in order to remain a current patient and on the schedule. _____(initials)

Arriving on Time/Session Length:

- I understand I must arrive 10-15 minutes early for my appointment in order to get the full session time I have scheduled. If I arrive at the appointment time, or late, I understand the therapist can only give me whatever time remains of my appointment, and that I will pay for the full length of the session I booked. _____(initials)
- I understand that for me to receive the best massage therapy possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests, or feedback at any time before, during or after my massage. I take it upon myself to communicate right away if there is anything distracting me or if I feel unwell or uncomfortable at any time during the session, so that adjustments can be made. I understand that my therapist wants my HONEST feedback – positive or negative – and doesn't take offense to it. _____(initials)

I have read, understand, and agree to the above policies and information.

Signature: _____ Date: _____