

Client Waiver Form

Please take a moment to read and initial the following information:

Please carefully read the information

- A referral from your medical/primary care provider may be required prior to service being provided. I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension.
- If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.
- I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialists for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness and that nothing said in the course of the session, should be construed as such.
- While bodywork/massage is generally considered safe, if it is performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to update my practitioner as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.
- I further give full consent to the treatment with the full understanding and disclosure of the risks associated with receiving care during the COVID-19 Pandemic. I confirm all of my COVID-19 symptom-related questions were answered truthfully. By signing below, I agree with the current and/or future recommendation to receive care as deemed appropriate for my circumstances.
- During the session, depending on the reason for receiving treatment, it may be necessary to work on muscles in/around the gluteal area (including the sacrum and coccyx), in or around the inguinal area (groin), and on or around the breast area. I will be sure to note if there are areas that I do not wish to have massaged or touched.
- It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- I am responsible for all charges for all services provided. If, while in session, I change the duration of my scheduled appointment time, I agree to pay the full appointment fee, even if the duration is shorter than the scheduled session. Should you arrive late, the session will end at its scheduled time and the full amount of session will still be charged.
- **Can you afford to lose income on account of someone else's absence, even if it is no one's fault?**
CANCELLATIONS: 24HR NOTICE IS REQUIRED IN ORDER NOT TO BE CHARGED-STRICTLY ENFORCED. This cancellation policy is designed to protect the business of Longwell Massage Therapy, Inc., and not as a punishment. Please understand that when you forget or cancel, your appointment without giving enough notice, we miss the opportunity to fill that appointment time, and clients on our waiting list miss the opportunity to receive services they need.
- **While it is understandable that EMERGENCIES, ILLNESS, and situations beyond our control arise, the CANCELLATION POLICY WILL APPLY STILL IN THESE SITUATIONS AS WELL.**
 (This includes, but is not limited to, traffic issues, family issues, pet issues, missed flights/delays.)
- Longwell Massage Therapy, Inc is a service-oriented practice. In order to continue to provide services, it must also generate income. Last-minute cancellations cause a loss of income, and therefore the inability to provide services now or potentially in the future.
- This time is set aside for me, and me only. I agree to call (727) 742-5313 or cancel online, which will generate a confirmation of cancellation email.
- **I agree to provide 24-hour notice for changes or cancellations. If I fail to do so for any reason:**
 - I will receive a reminder of the cancellation policy.
 - I agree to pay in full for the missed session if the session can't be filled otherwise.
 - I forfeit session value on Gift Certificates and Pre-paid sessions
- Pre-payment is required for appointments scheduled on holidays and for those scheduling multiple sessions for lymphatic drainage.
- By signing this release, I hereby waive and release my therapist, Nicole Longwell, Longwell Massage Therapy, Inc, Stillwater Wellness Center, Josie Furey, and Ron Hammer from any and all liability, past, present, and future relating to massage therapy and bodywork, including the use of tools and devices such as microcurrent, cupping, and percussion.