

24 HOUR CANCELLATION AND MISSED APPOINTMENT POLICY

When you book an appointment, that time is set aside for you, and missed appointments prevent us from accommodating other clients. Please understand that massage therapists only get paid when they deliver a service. If you do not show up for your scheduled appointment, and you have not notified us at least 24 hours in advance, you will be required to pay the full cost of the treatment as booked.

Clients who fail to show up for their scheduled appointment time will not be scheduled for future appointments until the missed appointment fee is paid. Gift certificates may be forfeited for cancellations with less than 24 hours notice. Gift certificates will be forfeited for no shows.

I understand that missed appointment fees are not covered by any insurance plan. If an emergency arises, please let us know so that we can treat your specific situation with personal attention. We recognize that there are circumstances that are out of your control (sudden illness, family emergencies, etc.) and your therapist may make an exception to the above policies on those rare occasions.

SIGNATURE

INFORMED CLIENT CONSENT FOR TREATMENT OF SENSITIVE AREAS

I understand Massage Therapy, Acupuncture, Manual Osteopathic Therapy is an aid to health and is not meant to replace medical diagnosis and treatment.

I am aware that there are occasions when during the course of one of these treatments it may be beneficial for the therapist to provide treatment to one or more of the following areas which are considered to be sensitive areas: the inner thigh, the groin, the gluteal, the chest, or the breast. I understand that I may refuse treatment to any area at any time.

SIGNATURE

CLIENT WAIVER

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential.

I hereby give my consent to receive massage services, acupuncture, personal training and/or other bodywork or treatment (the "Services") from Pure Wellness, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. I acknowledge that my receipt of the Services from Pure Wellness may result in bodily injury to me or my death. My decision to receive Services from Pure Wellness is voluntary, and I know of, understand, and assume all the risks associated therewith.

In exchange for receiving Services from Pure Wellness, I, for myself and on behalf of my heirs, executors, administrators, and personal representatives, hereby waive, release, discharge and hold harmless Pure Wellness, its members, officers, employees, and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Pure Wellness, its members, officers, agents, and employees, harmless from and against all claims, rights, damages, liabilities, losses, costs, and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

CLIENT AUTHORIZATION

I acknowledge that I have read and understand; the 24 hour and missed appointment policies; the release and indemnification provisions set forth in the preceding paragraphs and agree to such terms.

DATE

SIGNATURE