

Please read the following statements.

I _____ (print name) agree to the following:

Precautionary Liability Release Form

- I understand and affirm that I, do not currently have, nor have experienced the symptoms listed below within the last 7 days. Symptoms for FLU or COVID-19 include:
 - Fever
 - Difficulty breathing
 - Chills
 - Nausea or vomiting
 - Diarrhea
- I affirm that I, as well as all household members, have not been diagnosed with COVID19 within the last 7 days.
- I understand that Feeling Great, LLC and my massage therapist cannot be held liable for any exposure to any virus or contagion caused by misinformation on this form or the health history provided by each client.
- I agree to each above statement and release the massage therapist and Feeling Great, LLC from any and all liability for the unintentional exposure or harm due to COVID-19.
- Your massage therapist of this facility agrees that they abide by these same standards and affirm the same.

Initials _____

Massage Therapy Notice

- I give my permission to receive massage therapy. The massage treatment I receive is provided for the basic purpose of relaxation, relief of muscular tension, and/or reduction of swelling.
- I understand that I am responsible for ensuring I receive the full time of my massage session by arriving 10 minutes prior to the start time of the appointment.
- I understand no additional family members are allowed in the treatment room. Clients under 18 years of age, or those who need assistance (physical, sensory, intellectual, developmental disabilities, and/or cognitive impairments) may be accompanied by one adult only.
- I understand cell phones need to be put away and set to silent or vibrate mode to not interrupt my session and my massage therapist.
- I understand that I need to disrobe to my comfort level quickly and that the appropriate draping will be used at all times during the session.
- I understand that if I recently had surgery and need assistance with compression garments, therapists are not required to assist me, but I can ask for their help.
- If I experience any pain or discomfort during the massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.
- I understand that massage 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 specialist for any mental or physical ailment that I am aware of.
- I understand that massage therapists 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 given should be construed as such.
- I understand the risks associated with massage therapy and release Feeling Great, LLC and the individual massage therapist from all liability concerning these injuries that may occur during the massage session. The risks associated with massage therapy include, but are not limited to, the following
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury
- Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Initials _____

Behavior

- Massage therapy is for therapeutic and relaxation purposes only. There is absolutely no sexual component to therapeutic massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full-service fee for the original appointment. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

Initials _____

Cancellation Policy & Fees

- Please provide at least 48-hours notice if you need to cancel or reschedule an appointment to avoid a fee. Call us at 703-663-8600 or use the confirmation link sent at the time of booking to make changes to your appointment. During non-business hours, email us at contact@feelinggreatmassage.com.
- Less than 48-hours notice, your card will be charged 50% of session price for 60, 75, or 90-minute appointments, or full session price for 30 or 45-minute appointments.
- Less than 24-hours notice or No-Show, will result in a fee for the full price of session.
- If you are more than 10 minutes late to your appointment, call to notify us and you will receive the remainder of your appointment time. Otherwise, session will be considered cancelled with a no-show fee.
- Cancellation fee must be paid on or before the next scheduled appointment.
- After two missed or cancelled appointments without proper 48-hour notice, you will only be allowed to schedule same day appointments.
- If there are cancellations on multiple occasions and inconsistencies with attendance, Feeling Great, LLC reserves the right to terminate any pending appointments.
- Pre-paid sessions (i.e., packages, gift certificates, and gift cards) and fees are non-refundable.
- Please understand that we provide services by appointment only, we do not double-book clients, and when you cancel or miss your appointment without proper notice, we are unable to fill your appointment slot. This is an inconvenience to your massage therapist and to other clients who will miss the chance to receive the services they need.
- In the case of inclement weather, we will do our best to provide advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment.
- Late cancellation due to emergency, illness, or inclement weather will generally not result in any fee charges, but this is determined on a case-by-case basis.

Initials _____

Payment/Charges

- All appointments require a credit card on-file. Or service must be paid in advance.
- An additional 2% fee is charged when business needs to charge the card on file. Example: if you forget your wallet, if you want to pay for a family member/loved one.
- Service provided, products, or packages must be paid in-full the same day.
- Once payment is made there are NO refunds or exchanges for packages, products, or services.

Initials _____

Packages

- All packages must be used within its assigned time frame to keep discounted price. After expiration date, packages will have a dollar value available up to a year after purchased.
- Post-Surgical Packages have a time frame of one (1) month to provide consistency and ensure satisfactory results in the recovery process.
- Sessions must be booked in advance prior to purchasing to guarantee availability.

Initials _____

By signing below, I agree to the above statements.

Signature of Client or Guardian: _____

Date: _____