

**Tiny Ninja Massage**  
**Client/Therapist Expectations and Release Form**

**Requirements of clients:**

Sessions begin and end at appointed times. Sessions that begin late due to the client's late arrival will end at the appointed time and be charged full price.

If cancellation is necessary please give 24 hours' notice or you will be charged for the appointment. Emergency cancellations are determined at the practitioner's discretion.

Payment by cash or credit card is expected at the time service is rendered.

Please arrive clean, having showered recently.

Do not come for an appointment under the influence of alcohol or drugs.

Sexual misconduct is **NOT** tolerated. To avoid miscommunication, touching, hugging, or kissing, no matter how it is intended, is not appropriate. If the practitioner's comfort feels compromised the session is stopped immediately.

**Expectations from practitioner:**

Appointments are confirmed day before the session.

Clients are treated with respect and dignity.

Privacy and confidentiality are maintained at all times.

If the practitioner needs to cancel an appointment, we require the give 24 hours notice. Cancelled clients are rescheduled or put at the top of the waiting list. If the cancellation is last minute, you next massage is free.

Equipment and supplies are clean and safe.

Personal and professional boundaries are respected at all times.

Sessions noise levels are kept down to a minimum, however, you will notice some noise around you on some occasions.

Clients are draped at all times during the session. Only the area of the body being worked is exposed at any time. The genitals are breasts are never exposed or massaged.

**I have read and agree to follow the above requirements:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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I, \_\_\_\_\_, release Tiny Ninja Massage of all liabilities concerning any and all conditions I, myself, may have. I will inform Tiny Ninja Massage and the practitioner of any changes in my health that have occurred since the initial health intake form was filled out.

I understand that all records are confidential.

I clearly understand that massage therapy treatments are my personal financial responsibility and that I agree to pay for these services at the time of the treatment unless other arrangements have been made. I also understand that there will be a charge for appointments broken without 24 hours prior notice.

I clearly understand that massage is not used for the purpose of diagnosis or any medical conditions or a substitute for a medical examination.

**I have read and agree to all the terms and conditions listed on this form.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_