

**EFFECTIVE 8/23/2023**

**Please read and sign the following statement regarding our cancellation and no-show policy :**

**Cancellation Policy-** We understand that unanticipated events happen occasionally in everyone’s life. When you book an appointment that time is reserved for you. Missed appointments are costly in lost time and revenue and it prevents us from providing services to other clients. **A credit card will be required to be on file.**

 In our desire to be effective and fair to all clients, the following policies are honored:

**24 -Hour Notice is Required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24-hour advanced notice you will be charged **50%** of your session time. This amount will be charged to the credit card on file within 48 hours of the canceled/missed appointment. We will try our best to contact clients on the waiting list to prevent fees.

**No-Show:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a “no-show” and will be charged the **full amount** for that session. This amount will be charged to the credit card on file within 48 hours of the canceled/missed appointment.

**Late Arrivals**: If you are late for your appointment, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of the treatment, you will be responsible for the **full session.** Please arrive 5/10 minutes before your scheduled time.

Thank you for your cooperation.

Print Name

Signature Date

**CUPPING RELEASE STATEMENT**

*I understand that all treatments at this facility are therapeutic in nature. I agree to notify the therapist of any physical discomfort or draping issues during the session.*

*This facility has provided me with information on Massage/MediCupping™ therapy. If I choose to experience this therapy in my treatment, I understand the effects and after-care recommendations. It has been explained to me that there is the possibility of a skin discoloration, or “cup kiss”, appearing as tissue is released. I am aware that a “cup kiss” is not a bruise and that it will dissipate within a few hours to a few days.*

*This facility and the therapist will not be held liable for indications that arise during or after the treatment, and I agree to notify the therapist if there is any discomfort during a session. I have stated all relevant physical conditions and will inform the therapist of any changes in my health.*

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_