

Liability and Cancellation Policy

I understand that payment is due at the time of treatment unless other arrangements have been made prior to the session. I agree to give at least 24-hours advanced notice should I need to cancel an appointment; I understand that I will be responsible for payment of missed sessions. Cases of extreme emergency are considered exceptions to the cancellation policy.

** Please Note: Lymphatic Massage/Manual Lymphatic Drainage (MLD) is a powerful modality and certain medical conditions are contraindicated and determine if and when you can receive a session. After the consultation and review of the information you have provided on this form, it will be determined if MLD should be administered to you today. Some conditions will require a note from your doctor before proceeding. Please understand this is for your safety and well-being. Your health is important to me.

I understand that the Manual Lymphatic Drainage I receive is provided for the basic purpose of improving the flow of my lymphatic system and also for relaxation. 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, which I am aware. 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 given should be construed as such.

Because massage/bodywork 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 practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I agree that I am of legal age (18 years old) and that if I am not, I agree to have my parent or guardian sign a parental/guardian release form before treatment.

I agree with any terms outlined about and give my consent to receive Manual Lymph Drainage from Chloe Fetrow, CLT, LMT.

Date: _____

Signature: _____

Therapist signature: _____