



**THERAPEUTIC MASSAGE**

**TERMS, PRICING, CANCELLATION POLICY, & FINANCIAL INFORMATION**

**Client Information**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name & Phone: \_\_\_\_\_  
Email where we can send verification of charges, and the total amount we will charge your card on file: \_\_\_\_\_

**Please read and initial:**

**Terms and Agreements**

Upon signing this registration form, the client is committed to a contract with Blacksburg Health & Fitness at The Weight Club and will abide by all terms and agreements listed below.

- There are **NO REFUNDS** for completed sessions. \_\_\_\_\_
- Client does NOT have to be a member of The Weight Club to receive massage therapy. Client agrees that they will not use the gym for any other reason than the locker room or massage room. \_\_\_\_\_
- Client has read and accepts the Informed Consent Policies and has provided a signed copy to the therapist. \_\_\_\_\_
- Client has completed the Therapeutic Massage Client Intake Form. \_\_\_\_\_

**Payment Structure and Cancellation Policy:**

**Please select and initial one of the following:**

- Client will go on account and will be charged for sessions. An email will be sent prior to the charges verifying sessions and amount.  
\_\_\_\_\_

**OR**

- Client will pay up front for each session **BEFORE** the session takes place at the front desk. Client understands this will be a higher rate, regardless of membership status. \_\_\_\_\_

**Cancellation/Rescheduling Policy**

- The Weight Club requires a 24-hour notice for canceled/rescheduled Massage Sessions. Client understands that they will be charged HALF PRICE for any sessions not canceled or rescheduled within the 24-hour period. \_\_\_\_\_
- If you are 15 minutes or more late to your appointment or do not show up without contacting Kate, it will be considered a no-show/late cancel and you forfeit your time and will be charged FULL PRICE. \_\_\_\_\_
- I authorize my card given below to be charged for completed sessions. \_\_\_\_\_

**SIGNATURE OF CLIENT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Name as it appears on Card: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

OPTION: I would like to add a tip to each transaction in the amount of \_\_\_\_\_ (\$ amount or %)

This section of the form will be destroyed once entered into our confidential, encrypted system.