

Touch of Class Day Spa.com

3000 North University Dr. Suite A Coral Springs, Fl 33065
(954) 346-0666

RELEASE FORM FOR MASSAGE

Name _____
Last Name First Name

Address _____
City Zip code

E-Mail _____ Occupation _____

Home or work phone _____ Cell phone _____

Birthday ____/____/____ Anniversary ____/____/____ Referred by _____
Friend/family full name, internet, Ad., other.

*****THANK YOU FOR YOUR REFERRALS! A SPA GIFT CERTIFICATE FOR YOU, WHEN YOU REFER A FRIEND.....We send you a gift certificate for EVERY referral!**

*credit card information name on card _____ CC # _____
exp.date ____/____/____

Please check any conditions that apply to you

Headache () Cardiovascular disease () High blood pressure () Neck or back pain () Cancer ()
Diabetic () Epilepsy () Open wounds () Sinus () Pregnancy () how many months _____
Any additional comments _____

I understand that the massage I receive provides for the basic purpose of relaxation, stress reduction, and muscle tension. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and strokes may be adjusted to my level of comfort. I further understand that my 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 diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be constructed as such.

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 or business should I forget to do so.

IT IS ALSO UNDERSTOOD THAT ANY SEXUALLY SUGGESTIVE REMARKS OR ADVANCES MADE BY ME WILL BE RESULT IN IMMEDIATE TERMINATION OF THE SESSION AND I WILL BE LIABLE FOR THE PAYMENT OF THE SCHEDULED APPOINTMENT.

SPA ETIQUETTE AND POLICY

APPOINTMENTS: are made with a credit card. A "No show" appointment will be charged full amount of the service, and gift certificates will be voided automatically. No refunds on gift certificates.

We reserve room, products, and therapist's time exclusively for your service, 24 hours notice for the cancellation of your appointment is required. We appreciate your consideration and courtesy. Please arrive ten minutes before your appointment. SERVICES OUTSIDE THE PREMISE will be arranged ONLY by the front desk of the spa not with the therapist. LATE ARRIVALS will receive service for the balance of their appointment time .Fees will not be reduced.

CELL PHONES must be off or in silent mode in considerations to others. *Remember- It's time to relax!*

GRATUITIES: are customary and appreciated. They are not included in any of our prices. We cannot include gratuities in your credit card. We strive for excellence, and you are welcome to try any therapist available. It is in our interest that you are completely satisfied and benefit from the services we provide. If for any reason your expectations are not met we would like to hear from you.

Signature _____ Date _____