Resonate Source Massage By: MaryAnn

 **POLICES AND CLIENT EXPECTATIONS**

Thank you for choosing Resonate Source Massage for your wellness needs. Please read the following policies and expectations and **initial next to each bullet** once you have fully read and understand its meaning:

* **\_\_\_\_\_Payments are preferred in cash. *Local* checks are accepted from established clients. Credit/Debit cards may be used for totals over $10, but cash or check is preferred. No traveler’s checks will be accepted.**
* **\_\_\_\_\_Returned checks will result in *immediate* requirement of repayment in cash, plus a $25 returned check fee paid in cash only.  Additional fees may be applied if full cash payment is not fulfilled within 24 hours of notification of returned items.  Clients presenting checks with insufficient funds may be required to pay cash for all future services.**
* **\_\_\_\_\_Full payment is always due at the time of service and client must verify that they have the proper form/amount of payment *before* the service begins.  All fees are subject to change.  Client should always verify prices before beginning a service. Post-dating checks is not permitted.  Failure to pay will result in legal charges and unpaid balances will be sent to collections.**
* **\_\_\_\_\_All services and products purchased, including gift certificates, are non-exchangeable & non-refundable.**
* **\_\_\_\_\_Arriving late for an appointment may result in a shorter session at full-price.**
* **\_\_\_\_\_Clients must give at least 24 hours notice of appointment cancellation and/or changes in desired service(s) in order to avoid a fee of 50-100% of the scheduled service amount.**
* **\_\_\_\_\_Minors under the age of 18 must be accompanied by a parent or legal guardian at all times and must be receiving a service.  No children are otherwise allowed during treatment sessions.**
* **\_\_\_\_\_Clients should be prepared to make their session as relaxing as possible by muting all cell phones and electronics, as well as informing the therapist of any special accommodations needed, and clarifying all questions and concerns.**
* **\_\_\_\_\_Clients should arrive hygienically prepared for their session.**
* **\_\_\_\_\_All clients must complete and sign all required forms before services can begin.**
* **All clients must inform the therapist at the start of *every* visit if they are under any new prescribed medical or over-the-counter oral or topical treatments, or have been diagnosed with any new illnesses or injuries.**
* **\_\_\_\_\_Clients should agree to follow therapist’s advice for post-session care to achieve the best treatment results.**
* **\_\_\_\_\_The therapist is not responsible for lost items or items left behind.**
* **\_\_\_\_\_The therapist retains the right to refuse service to any suspicious persons, those appearing to be under the influence of any drugs or alcohol, or those appearing to have signs and symptoms of any disorder that may contraindicate the treatment to be given. *Please be respectful of the health of others and reschedule if you are sick!***
* **\_\_\_\_\_Any sexual advances, sounds, comments or innuendos, or rude or violent behavior will result in immediate dismissal and will be reported to legal authorities.**

I have read and understand the above list in its entirety, and abide by all polices & client expectations listed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Signature**  **Date**

**Resonate Source Massage / 112 Boeykens Place Suite 3E Normal, IL / 309.310.9730**