FEELING GREAT
Therapeutic & Lymphatic Massage Treatment

Policies

370 Maple Ave. W Suite 2
Vienna, VA 22180
(703)663-8600

Please read the following statements.

I _____ (print name) agree to the following:

Precautionary Liability Release Form

- I understand and affirm that I do not currently have, nor have I experienced within the last seven (7) days, any of the symptoms listed below. Symptoms of flu or COVID-19 may include:
  - Fever
  - Difficulty breathing
  - Chills
  - Nausea or vomiting
  - Diarrhea
- I affirm that neither I nor any household member has been diagnosed with COVID19 within the last 7 days.
- I understand that Feeling Great, LLC and my massage therapist cannot be held liable for any exposure to viruses or contagions resulting from inaccurate or incomplete information provided on this form or in my health history.
- I agree to the above statements and release Feeling Great, LLC and my massage therapist from any and all liability related to unintentional exposure to or harm from COVID-19.
- My massage therapist affirms that they abide by the same standards outlined above.

Initials ____

Massage Therapy Notice

- I give my permission to receive massage therapy. Massage therapy is provided for the purposes of relaxation, relief of muscular tension, and/or reduction of swelling.
- I understand that I am responsible for receiving the full duration of my session by arriving at least ten (10) minutes prior to my scheduled appointment time.
- I understand no additional family members are allowed in the treatment room. Clients under 18 years of age, or those who need assistance (physical, sensory, intellectual, developmental disabilities, and/or cognitive impairments) may be accompanied by one adult only.
- I understand cell phones must be silenced/vibrate-mode and put away to avoid interrupting my session or my therapist.
- I understand that I need to disrobe to my comfort level quickly and that the appropriate draping will be used at all times during the session.
- I understand that if I have recently undergone surgery and require assistance with compression garments, therapists are not required to assist but may do so upon request. Best to bring someone to assist you.
- If I experience any pain or discomfort during the massage session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.
- I understand that massage therapy is not a substitute for medical examination, diagnosis, or treatment. Massage therapists do not diagnose conditions, prescribe treatments, perform spinal or skeletal adjustments, or treat illnesses, and I acknowledge that I should consult a qualified medical professional for any physical or mental condition.
- I understand the risks associated with massage therapy and release Feeling Great, LLC and the individual massage therapist from all liability for injuries that may occur during a session. These risks may include, but are not limited to:
  - Superficial bruising
  - Short-term muscle soreness
  - Exacerbation of undiscovered injury
- Because massage therapy may be contraindicated under certain medical conditions, I affirm that I have disclosed all known medical conditions and answered all intake questions honestly. I agree to inform my therapist of any changes to my health. I understand that the therapist is not liable if I fail to do so.

Initials ____

Behavior

- Massage therapy is provided strictly for therapeutic and relaxation purposes. There is absolutely no sexual component to massage therapy. Any inappropriate behavior, including insinuations, jokes, gestures, conversations, or requests of a sexual

nature, will result in immediate termination of the session and refusal of all future services. The full-service fee will be charged for the original appointment. Depending on the behavior exhibited, a report may be filed with local authorities. Clients are expected to treat therapists with respect and dignity, and you will be treated the same in return.

Initials ____

Cancellation Policy & Fees

- **A minimum of** 48-hours' notice **is required to cancel or reschedule an appointment to avoid charges.**
- Less than 48-hours' notice or No-Shows will be charged the full price of the session.
- Changes may be made using the link provided at booking or by calling (703) 663-8600. During non-business hours, please email contact@feelinggreatmassage.com
- Clients arriving more than ten (10) minutes late must call to notify us and will receive the remaining session time at full price. No-call late arrivals will be considered no-shows and charged in full.
- All outstanding fees must be paid prior to the next scheduled appointment.
- After two missed or late-canceled appointments without proper 48-hour notice, clients will be limited to same-day bookings only.
- Feeling Great, LLC reserves the right to cancel pending appointments due to repeated cancellations or inconsistent attendance.
- Please understand that as a private practice, we provide services by appointment only, we do not double-book clients to allow for a better service. When you cancel or miss your appointment without proper notice, we are unable to fill your appointment slot. This is an inconvenience to other clients who are waiting to receive the services they need and to your massage therapist. Late cancellation due to illness, or inclement weather will generally not result in any charges, but this is determined on a case-by-case basis.
- In the case of inclement weather, we do our best to provide advanced notice if we are closing or need to cancel and we ask you to do the same. Please do not risk your own safety trying to make your appointment.

Initials ____

Payment/Charges

- All appointments require a credit card on-file. Or service must be paid in advance.
- A 2% fee is added when charging card on file. Avoid fee by paying with Apple Pay or physical card.
- Service provided, products, or treatment plans must be paid in-full the same day.
- Pre-paid sessions (including treatment plans, gift certificates, gift cards), products and fees are non-refundable. Once payment is made there are NO refunds or exchanges.

Initials ____

Treatment Plans

- Eligible clients may choose weekly treatment plans based on therapist recommendations.
- Treatment plans offer consistency, focused care, and improved results. Sessions are scheduled in advance and prepaid to guarantee availability at a discounted rate.
- Sessions must be used on scheduled dates to maintain the discounted rate. Sessions used outside the scheduled timeframe may incur an additional charge per session if used within one (1) month.
- Please enroll only if you can commit to the scheduled treatments. Otherwise, single-session payments may be a better option.

Initials ____

Agreement

By signing below, I acknowledge that I have read, understand, and agree to all policies and statements above.

Signature of Client or Guardian: _____ **Date:** _____