

Graceful Touch Massage Therapy  
Compassion Comfort Convenience  
518-615-4622  
[gracefultouchmassagetherapy@yahoo.com](mailto:gracefultouchmassagetherapy@yahoo.com)

### **POLICIES AND PAYMENT AGREEMENT**

Unanticipated events happen occasionally in everyone's life, and your therapist will do their best to accommodate your situation. To be effective and fair to all clients, however, the following general policies will be enforced.

**RESERVATION/RE-SCHEDULING POLICY:** Please note: A credit card is required to HOLD your appointment, but will only be charged if you fail to give 24 hours cancellation notice. If you must reschedule your appointment, please do so within 24 hours. Failure to reschedule within 24 hours will result in an automatic charge of \$40 for each appointment reservation. The rescheduling fee must be paid before your next service. If you have a gift certificate, the \$40 rescheduling fee still applies. Please remember that even one missed appointment can greatly affect expected results/goals.

Please be aware that Graceful Touch Massage Therapy has your scheduled time specifically blocked off to help *you* reach your goals.

24 hours advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment in my place. If I am unable to give 24 hours advanced notice, I will be charged the FULL amount of my appointment. This amount be paid prior to me next scheduled appointment.

In the event that I either forget, or consciously choose to forgo an appointment for whatever reason, (without 24 hours advance notice) it will be considered a "no show." I understand that I will be charged the FULL amount for the missed appointment.

**LATE ARRIVALS:** I understand that if I arrive late, my session may be shortened to accommodate others whose appointments follow mine. Depending on how late I arrive, my therapist will determine whether or not there is enough time remaining to begin a service. Regardless of length of service actually received, I will be responsible for payment for the full session.

**PAYMENT AGREEMENT:** All payments are due at time of service unless other arrangements have been made in advance. I understand that I am responsible for payment in full. In the event of non-payment, I will bear the expenses of collection, court costs, and reasonable fees (including returned-check fees), should this be required.

**INNAPROPRIATE BEHAVIOR:** I understand that sexual energy or activity of any kind, before, during or after my massage WILL NOT BE TOLERATED. Inappropriate behavior of any kind, as determined by my therapist, will result in immediate termination of my session, reported to the proper authorities, and I will be responsible for payment of the full session.

**I hereby acknowledge that I have read and agree to the terms of this agreement.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_