

I, _____, acknowledge that going forward I
(PRINT NAME)
will be held responsible for providing a minimum of 24 hours notice for
cancelling any massage therapy appointments at Hatfield's Healing
Hands. Failure to give more than 24 hours notice, including no-shows,
may result in a charge for the full amount of the scheduled massage.

I also acknowledge that I am responsible for arriving on time to
massage therapy appointments. The massage therapist reserves the right
to reduce the time of a session if I am late, by ending the session at the
scheduled time and continuing to charge the full amount.

Client Signature: _____

Date of Signature: _____

Massage Therapist's Signature: _____

Date of Signature: _____

Hatfield's Healing Hands
7 Middlesex Ave #101
Wilmington, MA 01887