First Name: _____ **Last Name:** _____

Address: _____

_____

Phone: _____ - _____ - _____

Date of Birth: _____

Email: _____

KNOWN ALLERGIES /MEDICATIONS -

_____

_____

CONSENT TO TREAT –

I, _____ herby give my consent to be treated by Jody Bozarth at The Art Of Massage for body work and soft tissue manipulation. I am aware that soreness, tenderness, and bruising are often experienced after a massage.

Signed;

_____ _____ _____

Printed Name Signature Date

CANCELLATION POLICY –

I have a 24 hour advanced notice cancelation policy. Please call 24 hours in advance so that I can make your time slot available to another client. A $25.00 will applied to your next visit for cancellations not made 24 hours in advance.

Signed;

_____ _____ _____

Printed Name Signature Date

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#200
Parker, Colorado 80138

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e. Jody@ArtOfMassageCO.com
www.ArtOfMassageCO.com