FORM 3

New Client Waiver

For new massage clients · signed once, before your first massage

Informed consent and release. Please read each statement and add your initials.

Fill in on screen or print it, then sign and bring it to your appointment.
Your information is kept confidential. Please do not email completed forms.

ABOUT YOU

Full name

Date of birth

PLEASE READ AND INITIAL

1. I understand that the services at Mettā Holistic Health are complementary and are not a substitute for medical diagnosis or treatment. I will continue to work with my healthcare provider regarding any medical condition. Initials
2. I have shared my health conditions, injuries, medications and any pregnancy with my practitioner, and I will tell them about any changes before future sessions. Initials
3. I understand that every session is tailored to me, that I am welcome to give feedback about pressure and comfort at any time, and that I may ask to end the session at any time. Initials
4. I understand that during massage I will be invited to undress to my level of comfort and will be properly draped at all times. Initials
5. I understand that cupping and Gua Sha may leave temporary marks on the skin, a natural response to increased circulation, which are typically painless and fade within a few days to a week. Initials
6. I have read the Cancellation Policy. A minimum of 48 hours' notice is required to change or cancel. Cancellations 24 to 48 hours before are charged 50% of the session fee; cancellations less than 24 hours before and no-shows are charged the full session fee. Late sessions must end on time, and the full fee is required. Initials
7. I choose to receive these services voluntarily. I release Mettā Holistic Health and its practitioners from liability for any reaction or injury that may result from my sessions, except where caused by their negligence. Initials

YOUR SIGNATURE

I have read and understand this form, and I agree to it in full.

Signature

Date

Printed name