

Touch Of Tranquility
MASSAGE

www.touchoftranquilitymassageaz.com

Release of Liability for all Services Performed

Name: _____ Address: _____
Cell Phone: _____ City: _____
Home Phone: _____ State: _____
Work Phone: _____ Zip: _____
Email: _____ Birth date: _____

Please confirm future appointments by: (Check all that apply) phone email text
May we contact you regarding our Specials and Promotions? Mail Email

Were you referred by someone? If yes, by whom? _____
(A \$5 credit is given to client for every referral that books so let us thank who referred you)

Touch of Tranquility Massage values your privacy and will not sell or release your email address for use outside of our establishment. Your email will be used only for communication directly from Touch of Tranquility Massage.

Welcome to Touch of Tranquility Massage. We are glad you have chosen our massage or facial therapy services. We only hire licensed therapists and aestheticians. If requested, management will provide a proof of your therapist's/aesthetician's license. Additionally, if you have any questions, comments, or complaints about your massage therapist or aesthetician, please bring it to the attention of management immediately. Male or female genitalia and women's breast will not be exposed or massaged at any time. Draping will be used during the session. If during the session you feel uncomfortable, please ask your therapist/aesthetician to end the session.

It is your responsibility to inform the therapist/aesthetician of any pre-existing medical conditions, limitations, or specific sensitivities and to inform your therapist/aesthetician if you feel any discomfort during the session. If you do experience discomfort, please ask the therapist/aesthetician to adjust the level of pressure. You understand and voluntarily accept any risks of which you have been advised associated with your massage services or facial services, or from any use of Touch of Tranquility's facilities, and hereby release Touch of Tranquility Massage (including its employees, practitioners, agents, and insures) from all liability for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you resulting therefrom. You further hereby release all of the foregoing personnel and entities from all liability arising from any such injury or damage resulting from your failure to disclose any pre-existing conditions, limitations, or specific sensitivities, or your failure to inform your therapist/aesthetician of any discomfort during the session. Your therapist/aesthetician may determine that it is unsafe for you to proceed with or continue a session due to health related concerns. In this event you may be required to provide Touch of Tranquility Massage with a physician's medical release prior to continuing treatment.

The undersigned acknowledges that he/she has read and understands this agreement.

Signature: _____ Date: _____