



BODY WORK / MASSAGE CLIENT AGREEMENT

TERMS OF SERVICE

Practitioner reserves the right to change these Terms of Service and pricing at any time and will publish current terms on the business website: kimberlygreeff.com.

Description of Service:

The purpose of bodywork/massage therapy is to address and integrate the body so that it is better supported and moves with greater ease and freedom. This is done through direct manipulation and movement education.

Bodywork/massage therapy is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The practitioner does not treat, prescribe or diagnose any illness, disease or any other physical or mental disorder of the person. Nothing said or done by the practitioner should be construed to be such.

Boundaries and Respect

The practitioner strives to maintain a safe environment free of discrimination or harassment of any kind. Healthy, respectful boundaries are taken seriously in this practice. Either party has the right to terminate a session or series at any time without explanation.

Confidentiality

All client records, observations, notes, personal information and conversations are completely confidential. No client information will be disclosed without prior, written consent.

Health Protocols

Practitioner: The practitioner will wash hands thoroughly before and after each session and maintain a clean and sanitized work area. The practitioner will not work while sick or experiencing any symptoms of possible sickness. Clients will be notified if practitioner contracts COVID-19 or other contagious illness within a week after their session. The Practitioner may wear a mask and/or gloves throughout the session at their own discretion or Client's request.

Client: Client must keep Practitioner informed of any changes to their health prior to the session. If you're considered medically high-risk, please discuss your needs with the

practitioner. If you feel ANY symptoms (COVID-19 or otherwise) that indicate you might be unwell, stay home and contact Practitioner for complimentary reschedule. If you have recently been sick or were in contact with others who you believe may be sick, please inform the practitioner. If within a week of your session, you become ill, contact the practitioner as soon as possible.

Late Arrival: Late arrivals more than 10min late will be considered a late cancellation. At practitioners discretion, either a shorter session will be offered or a reschedule with an \$50 Inconvenience Fee. Clients have a grace period of one late arrival before this policy applies.

Cancellations and No-Shows:

Cancellations and rescheduling shall be made at least 24 hours prior to the appointment or will be subject to a \$50 Inconvenience Fee. No-shows will be charged the full session price. After 3 no-shows or late cancellations, clients may no longer be invited to book future sessions, and the client-practitioner relationship may be terminated. Before this policy applies, a grace period is given for 1 no-show or late cancellation. Exceptions will be considered for illness or circumstances genuinely beyond the clients' control.

Payment and Refunds

Payment is due in full at the time of service. Prepaid packaged sessions must be scheduled within three months of initial payment, after which Client forfeits their prepayment.

Super-Bills

The Practitioner does not bill insurance directly but can offer a super-bill to submit for insurance reimbursement. Clients requiring Super-Bill receipts must provide a referral with diagnostic codes from a physician, chiropractor, or physical therapist if insurance requires reimbursement. The clients must contact their insurance provider for requirements and communicate to the Practitioner. Super-bills will be provided at the beginning of the month for services provided the month prior.

Referrals

Clients are encouraged to refer others who would benefit from Structural Integration. As thank you, clients will receive \$25 off their next session for each referral who completes a full price session.

Limitation of Liability

The Client acknowledges and agrees that Evolve Yoga, LLC will not be liable for any losses or damages, whether indirect, incidental, special or consequential, in profits, goods or services, irrespective of whether or not the Client has been advised or otherwise might have anticipated the possibility of such loss or damage.

No Guarantee

The client acknowledges and agrees that Evolve Yoga, LLC cannot guarantee the results or effectiveness of any of the services rendered or to be rendered. Rather, services shall be executed in a professional manner and in accordance with good industry practice. Results vary from individual to individual and no specific results are guaranteed.

CONSENT FOR BODYWORK/MASSAGE THERAPY

I hereby apply for and consent to a bodywork/massage therapy by Kimberly Greeff, Owner of Evolve Yoga, LLC, ("the Practitioner"), who has explained to me the general process and various results of bodywork and movement education. I understand that these results vary from individual to individual and that no specific results can be guaranteed.

Furthermore, I understand that any relief of physical or emotional symptoms are coincident with the alignment and organization of the total human being, and that alleviation of symptoms is not the primary goal of bodywork/massage therapy.

I understand that the practitioner does not treat, prescribe for, or diagnose any illness, disease, or any other physical or mental disorder, injury, or condition. Nothing said or done by the Practitioner should be construed to be such. I further understand that the Practitioner is not attempting to practice medicine, osteopathy, chiropractic, physical therapy, psychology, or any other profession requiring a license under the laws of Alaska.

I understand that it is necessary for the Practitioner to touch my body in order to assist me in establishing balance and alignment in my body. I give the Practitioner full privilege and license to work on my body in such ways as to restore and establish balance and alignment therein.

I agree to the Terms of Service above:

Name: _____ Date: _____

Signature: _____ Date: _____