

**Golden Hands Massage Therapy, LLC**  
**Scott E. Love, CMT, CTT, RM, CPTAP**  
**15200 E. Girard Ave #2600, Aurora, CO 80014, (720) 320-4521 (Office)**

*Note: All references to I and me contained within this document refer to client/patient.*

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage and bodywork practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage and bodywork should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all questions honestly on the new patient intake form. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Massage and bodywork can produce deep physical and emotional healing, therefore, the level of feelings and touch can be tender and intimate. It is important to note that this does not include acts of sexuality, therefore, any illicit or sexual suggestive remarks or advances on my part will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Unless there is an emergency, I will reschedule or cancel my visit within a day before my scheduled appointment. **If I need to cancel on the day of the appointment, I agree to pay a rate of \$30.00 for an hour service for the missed appointment, unless an agreement has been made otherwise with the practitioner.** If I arrive late to my session, I may have my session reduced by that amount of time, and I agree to pay for the full session amount. I have been given a copy of the fee structure and this consent form. Payment for services will be paid to the practitioner by the end of the visit/session and can be in the form of cash, money order, check, or credit card (Visa, Master Card, or Discover).

I have thoroughly read the above statements and understand the conditions of terms.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_