MASSAGE THERAPY SERVICES AGREEMENT

1. 1. Parties and Practitioner Credentials

This Massage Therapy Services Agreement (the "Agreement") is entered into on [EFFECTIVE DATE] between [THERAPIST OR PRACTICE NAME], located at [PRACTICE ADDRESS] (the "Therapist"), and [CLIENT NAME], residing at [CLIENT ADDRESS] (the "Client"). The Therapist holds license or certification number [LICENSE NUMBER] issued by [STATE BOARD OR CERTIFYING BODY], with an expiration date of [LICENSE EXPIRATION], and practices the following modalities: [MODALITIES, e.g., Swedish, deep tissue, sports, prenatal, myofascial release, trigger point]. Communications about scheduling and records will be sent to [THERAPIST EMAIL AND PHONE] and [CLIENT EMAIL AND PHONE]. The Client confirms being at least 18 years of age, or that a parent or legal guardian has signed this Agreement on behalf of a minor Client.

2. 2. Services and Scope of Practice

The Therapist will provide therapeutic massage and bodywork intended to promote relaxation, reduce muscle tension, and support general wellbeing. The Therapist does not diagnose illness, prescribe medication, perform spinal adjustments or manipulations, or provide any service that requires a medical, chiropractic, physical therapy, or other license the Therapist does not hold. Massage therapy is not a substitute for medical evaluation or treatment, and the Client is encouraged to consult a physician about any symptom or condition. If the Therapist observes a condition that appears to require medical attention, the Therapist may recommend referral and may decline to perform the session. Any statement made during a session about anatomy, posture, or self-care is educational and is not a medical opinion.

3. 3. Health Intake and Ongoing Disclosure

Before the first session, the Client will complete a written health intake describing current and past conditions, injuries, surgeries, allergies, skin conditions, medications, and any pregnancy. The Client will update the Therapist before each subsequent session about any change in health status, new injury, new medication, or new area of pain. The Client understands that certain conditions are contraindications for massage or for specific techniques, including [CONTRAINDICATION EXAMPLES, e.g., fever or acute infection, uncontrolled hypertension, recent surgery, blood clots or clotting disorders, contagious skin conditions, and certain cancers], and that the Therapist may require written clearance from a physician before providing service. The Client is responsible for the accuracy and completeness of the information disclosed, and the Therapist relies on that information when planning each session.

4. 4. Informed Consent

The Client consents to receive massage therapy from the Therapist using the modalities described in Section 1 and any technique explained and agreed to during the session. The Client understands that massage may involve firm pressure, stretching, and work on areas of restriction, and that temporary soreness, bruising, lightheadedness, or emotional release can occur. The Client may decline any technique, ask that any area be avoided, request more or less pressure, or end the session at any time for any reason without explanation, and the Therapist will honor that request immediately. Consent given for one session or technique does not carry over automatically; the Therapist will confirm consent before working on any sensitive area, including the abdomen, gluteal region, chest wall, or inner thigh. Consent may be withdrawn at any moment, before or during the session.

5. 5. Draping, Boundaries, and Professional Conduct

The Client will be draped with a sheet or towel at all times except for the area being worked on, which will be

undraped only to the extent necessary and redraped immediately afterward. The Client may choose the level of clothing that feels comfortable and may remain fully clothed. The Therapist will leave the room while the Client undresses and dresses, and will knock before re-entering. Breast, genital, and gluteal cleft tissue will not be exposed or massaged; where breast or abdominal work is clinically indicated and permitted in this jurisdiction, it will be performed only with separate written consent and appropriate draping. The Therapy relationship is strictly professional. Any request for sexual contact, any sexualized remark, or any conduct that makes either person feel unsafe will end the session immediately, the full session fee will be charged, and the Therapist may decline all future appointments and report the incident where required.

6. 6. Session Length, Scheduling, and Late Arrival

A standard session is [SESSION LENGTH, e.g., 60 minutes] of hands-on time, with the appointment scheduled for [APPOINTMENT LENGTH] to allow for intake, dressing, and payment. Appointments are booked through [BOOKING METHOD, e.g., online scheduler, phone, text]. If the Client arrives late, the session will end at the originally scheduled time and the full fee applies, because the following appointment cannot be delayed. If the Therapist begins late for a reason within the control of the Therapist, the full session time will be provided where possible or the fee reduced proportionally. The Client will arrive clean, will disclose recent alcohol or cannabis use, and understands the Therapist may decline to perform a session where the Client appears impaired or unwell.

7. 7. Fees, Packages, and Gift Certificates

The fee for a standard session is [SESSION FEE], and other services are priced as follows: [SERVICE PRICE LIST, e.g., 90-minute session, prenatal, hot stone, outcall surcharge]. Payment is due [PAYMENT TIMING, e.g., at the end of each session] by [PAYMENT METHODS]. Gratuity is optional and is never expected in a clinical or medically oriented practice. Prepaid packages of [PACKAGE SIZE] sessions are sold at [PACKAGE PRICE], are non-transferable unless stated otherwise, and expire [PACKAGE EXPIRATION, e.g., 12 months] after purchase, subject to any state law that restricts expiration of prepaid services. Gift certificates are valid for [GIFT CERTIFICATE VALIDITY] and are redeemable only for services, not cash, except where state law requires a cash refund. Fees may be adjusted on [FEE CHANGE NOTICE, e.g., 30 days] written notice, and prepaid packages are honored at the rate paid.

8. 8. Cancellation and No-Show Policy

The Client may cancel or reschedule without charge by giving at least [CANCELLATION NOTICE, e.g., 24 hours] notice through [CANCELLATION METHOD]. Cancellations with less notice are charged [LATE CANCELLATION FEE, e.g., 50 percent of the session fee], and a missed appointment without notice is charged [NO-SHOW FEE, e.g., 100 percent of the session fee]. A prepaid package session used for a late cancellation or no-show will be deducted from the package balance. The Therapist may waive a fee once as a courtesy, particularly for illness, weather, or emergency, and may require a card on file or prepayment after [REPEAT NO-SHOW THRESHOLD, e.g., two] missed appointments. If the Therapist cancels for any reason other than illness or emergency, the Client will be offered priority rescheduling and [THERAPIST CANCELLATION REMEDY, e.g., a discount on the rescheduled session].

9. 9. Outcall, On-Site, and Event Services

If services are provided at a location chosen by the Client, the Client will provide a private, clean, adequately heated room with space for the table, access to a bathroom, and a quiet environment free of interruption. An outcall fee of [OUTCALL FEE] applies within [SERVICE RADIUS], with travel beyond that billed at [TRAVEL RATE]. Only the Client and any person the Client authorizes may be present during the session, and the Therapist may decline to begin or may end a session where the environment is unsafe, unsanitary, or inappropriate, with the full

fee remaining payable. For corporate or event work, the Client will provide [EVENT REQUIREMENTS, e.g., a dedicated space, a schedule of participants, and a signed consent from each participant], and will pay [EVENT RATE] per hour with a minimum booking of [MINIMUM HOURS]. Setup and teardown time is included in the booked window unless agreed otherwise in writing.

10. 10. Records, Confidentiality, and Privacy

The Therapist will keep the intake form, session notes, and payment records for at least [RECORD RETENTION PERIOD, e.g., seven years] or the period required by applicable law, whichever is longer, in a secured location. Client health information is confidential and will not be disclosed except with written authorization from the Client, to another provider the Client directs, as required by law or court order, or as necessary to report suspected abuse or an imminent safety threat. The Client may request a copy of the records by written request, provided within [RECORDS REQUEST PERIOD, e.g., 15 days]. The Therapist will not use the name, image, or testimonial of the Client for marketing without separate written permission. Appointment reminders may be sent by [REMINDER METHOD], and the Client may opt out at any time.

11. 11. Sanitation, Hygiene, and Health Standards

The Therapist will use clean linens for every client, will launder linens at appropriate temperatures between uses, and will disinfect the table, face cradle, bolsters, and any tools such as hot stones or cups between clients. The Therapist will wash hands before and after each session, will maintain trimmed nails and clean attire, and will follow current guidance from the state board and public health authority regarding communicable disease. Lotions, oils, and creams will be dispensed in a way that avoids contamination of the bulk container, and the Client will disclose any allergy or sensitivity in advance so a suitable product can be selected. Either Party will reschedule rather than attend a session while experiencing fever, a contagious condition, or an open or draining skin lesion, and a rescheduling for that reason will not incur a late cancellation fee.

12. 12. Assumption of Risk, Liability, and Insurance

The Client understands that massage therapy carries inherent risks, including temporary soreness, bruising, aggravation of an existing condition, and rare adverse reactions, and accepts those risks in exchange for the benefits sought. The Client agrees that the Therapist is not liable for any outcome resulting from information the Client failed to disclose or disclosed inaccurately on the intake or in updates. Except for gross negligence or willful misconduct, the total liability of the Therapist under this Agreement will not exceed [LIABILITY CAP, e.g., the total fees paid by the Client in the twelve months before the claim], and neither Party is liable for indirect or consequential damages. The Therapist maintains professional liability insurance of at least [INSURANCE AMOUNT, e.g., $1,000,000 per occurrence] and will provide evidence of coverage on request. Nothing in this Agreement waives any right that cannot be waived under applicable law.

13. 13. Termination of the Therapeutic Relationship

Either Party may end the therapeutic relationship at any time and for any reason by giving written or verbal notice. The Therapist may decline to continue treatment where the Client is not benefiting from care, where a condition falls outside the scope of practice, where the Client repeatedly misses appointments, where payment is not made, or where any boundary described in Section 5 is violated. The Client owes all fees for services performed and any properly charged cancellation fees through the date of termination. On request, the Therapist will provide a summary of care or a referral to another practitioner. Unused prepaid sessions will be refunded within [REFUND PERIOD, e.g., 30 days] at the per-session rate actually paid, unless the relationship ended because of conduct described in Section 5.

14. 14. Governing Law, Signatures, and Consent Confirmation

This Agreement is governed by the laws of the State of [GOVERNING STATE], and any dispute will be brought in the courts located in [VENUE COUNTY AND STATE] after good-faith discussion and, if needed, mediation. This Agreement is the entire agreement between the Parties, replaces any prior form or verbal arrangement, and may be amended only in writing signed by both Parties. By signing below, the Client confirms that the health information provided is accurate, that the nature of the services and the draping and boundary policies have been explained, that questions have been answered, and that the Client consents to treatment on these terms. THERAPIST: [THERAPIST OR PRACTICE NAME]. Signature: _____. License Number: [LICENSE NUMBER]. Date: [DATE]. CLIENT: [CLIENT NAME]. Signature: _____. Date: [DATE]. PARENT OR GUARDIAN IF CLIENT IS A MINOR: [GUARDIAN NAME]. Signature: _____. Date: [DATE].

15. Disclaimer

This template is provided for general informational purposes only and is not legal or medical advice. Massage therapy licensing, scope of practice, consent requirements, record retention periods, and rules on breast and abdominal work vary significantly by state and sometimes by municipality, and prepaid package or gift certificate expiration is regulated in many states. Review and adapt this document for your own jurisdiction and practice, and consult a licensed attorney and your professional liability insurer before relying on it. Use of this template does not create an attorney-client relationship with ScanContract.