



MASSAGE/BODYWORK WAIVER

- I understand that I must show up 15 minutes prior to my FIRST appointment and 5 minutes prior to any subsequent appointments to complete the intake process.
- I understand the intake process is part of my appointment and will be deducted from my session time.
- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries (not just the conditions pertaining to today's treatment).
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature. My therapist has the right to stop the session and ask me to leave if my speech, actions, or behavior are believed to contain sexual undertones of any kind.
- I understand that I am responsible for the payment of my massage(s) at the time of service.



- I acknowledge the cancellation/no-show policy. The Pod Kona has a 24hr cancellation/no show policy in effect. If you fail to show for your scheduled appointment time, or cancel after the 24hr window, you will be charged the entire booked session fee. You are allowed 15 minutes past the start of your appointment time before you are considered a no show.
- If you show up late for an appointment, that time will be deducted from your session.
- No refunds given once the session has started.
- I understand that the therapist will refuse service to any client who arrives for their appointment: under the influence of alcohol/intoxicants, with a sunburn, with open wounds, with a fever, with a contagious disease, in current state of medical emergency, with uncontrolled high blood pressure, with an acute injury, DVT, in their first trimester of pregnancy, or with extreme sensitivity to touch.
- By signing this release, I hereby waive and release my therapist, and The Pea Pod LLC (DBA The Pod Kona), from any and all liability, past, present, and future relating to massage therapy and bodywork.

Client Printed Name: _____ Date: _____

Signature: _____