Feel Better Remedial Massage

Treatment consent

J have to the best of my knowledge, provided all relevant information about my health and medical
history and I give my full consent to treatment. I intend this consent to apply to all future treatments
and I understand that I must update my service provider with any changes that may occur in my medic history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.
Consent to treatment
☐ I consent to receiving SMS and/or email for booking confirmation
Full Name Darlere Marwson
Signature Date
If you are under the age of 18, your parent/guardian must also sign and date your new client form.
☐ Yes, I'm the parent/guardian. Full Name
Signature Date