

BELLEVUE MASSAGE SCHOOL
Client/Therapist Expectations & Release Form

Our requirements of clients:

Sessions begin and end at appointed times. Sessions that begin late due to the client's late arrival will end at the appointed time and be charged full price.

If cancellation is necessary please give 24 hours' notice or you will be charged for the appointment unless it can be filled. Emergency cancellations are determined at the school's discretion.

Payment by cash, check or credit card is expected at the time service is rendered.

Please arrive clean, having showered recently.

Do not come for an appointment under the influence of alcohol or drugs.

Sexual misconduct is **NOT** tolerated. To avoid miscommunication, touching, hugging or kissing, no matter how it is intended, is not appropriate. If the student's comfort feels compromised the session is stopped immediately.

The students are prohibited by Washington State law to receive remuneration (tips or gifts) for massage until they are licensed.

Expectations from BMS and Student Clinic Practitioner:

Appointments are confirmed the day before the session.

Clients are treated with respect and dignity.

Privacy and confidentiality are maintained at all times.

Clients may receive massage from the same student up to three (3) times.

If a student practitioner needs to cancel an appointment, we require that they give us 24 hours' notice. Canceled clients are rescheduled or put at the top of the waiting list. If the student has a last minute cancellation your next massage is free.

Equipment and supplies are clean and safe.

Personal and professional boundaries are respected at all times.

Clinic noise levels are kept down to a minimum, however, you may experience some talking around you on some occasions.

Clients are draped at all times during the session. Only the area of the body being worked is exposed at any time. The genitals and breasts are never exposed or massaged.

I have read and agree to follow the above requirements:

Signature _____ **Date** _____

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I, _____, release Bellevue Massage School and ALL Student Clinic Practitioner working in this student massage clinic of all liabilities concerning any and all conditions I, myself, may have. I will inform BMS and the student practitioner of any changes in my health which have occurred since the initial health intake form was filled out.

I understand that the student massage clinic is operated by Bellevue Massage School, that all the practitioners present are students of Bellevue Massage School and that all records are confidential.

I clearly understand that massage therapy treatments are my personal financial responsibility and that I agree to pay for these services at the time of treatment unless other arrangements have been made. **I also understand that there will be a charge for appointments broken without 24 hours prior notice.**

I clearly understand that a student will be working on me in a supervised environment for their learning process, that the student has successfully demonstrated skills necessary to perform massage on the public, and that at any time during the massage the instructor may enter the massage room to observe the student and/or offer instructional advise. I understand that I can stop the treatment at any time during the massage or ask for the supervisor.

I clearly understand that massage is not used for the purpose of diagnosis of any medical conditions or a substitute for a medical examination. I understand that this is a reduced rate massage and that I will be required to offer my feedback to the student practitioner for their learning process.

I have read and agree to all of the terms and conditions listed on this form.

Signature _____ **Date** _____

Records of your Health intake and documentation of your session may be released to Bellevue Massage School by your student practitioner as part of his/her efforts to be certified. Any information received will be held in the strictest confidence and will not be released outside the school.

I hereby authorize the student practitioner release my health and documentation records as part of the testing process with Bellevue Massage School.

Signature _____ **Date** _____

Print Name _____