

Norwegian Spa

Client Information and Consent Form

Name _____ Age _____ DOB _____
 Date _____ Occupation _____
 Phone _____ Second (cell) Phone _____
 Address _____ City _____ State _____ Zip _____
 Email _____
 Medical Doctor (In case of emergency) _____
 Preferred Hospital _____
 Emergency Contact _____ Phone _____

I understand that the massage and bodywork that I receive is provided for the purpose of relaxation, stress reduction and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform my massage therapist.

I will, on the second page, list any special physical areas of my body to avoid or target. I also understand that Norwegian Spa offers full body massage during which I have the option to leave on my underclothes or be fully undressed under the massage table linens.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session and I remain responsible for payment of the entire scheduled appointment.

Our time together is precious and I agree, if need be, 24 hours in advance of my appointment. Unless there is a true emergency, if I miss an appointment or fail to cancel within the 24 hour period, I agree to pay the full appointment fee. If necessary, in the future, I may be required to prepay with my credit card number to secure my appointment.

Our massage therapist work exclusively for Norwegian spa. They shall not solicit or be solicited to work independently, due to a noncompeting clause in their contract. And by signing this you agree.

Sign _____ Date _____