

***Liability & cancellation form:***

**~ Are you currently experiencing any sick symptoms: abnormal fatigue, chills, dry cough, fever, difficulty breathing, loss of taste/smell, or a sore throat?**  
(other than allergies)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**~ Have you been in close proximity to anyone who has been sick or with a fever in the last 48 hours of 100°F or above?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\*If YES is checked for any of the above, we ask you to reschedule your session.*

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**~ I understand that because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including colds, flus, covid 19, etc.**

I understand: \_\_\_\_\_

**~ I understand that High Vibe Massage & Bodywork and my Licensed Massage Therapist today cannot be held liable for any exposure to a virus or any other contagion caused by misinformation on this form or the health history provided by each client.**

I understand: \_\_\_\_\_

**~ I understand the cancellation policy is as follows:** Appointments cancelled in less than 24 hours will incur a 100% charge of the service price. Appointment no-shows will incur a 100% charge of the service price.

I understand: \_\_\_\_\_

By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time, I voluntarily agree to assume those risks, and I release and hold harmless High Vibe Massage & Bodywork and my massage therapist.  
I give my consent to receive treatment today.

**Print name:** \_\_\_\_\_

**Sign name:** \_\_\_\_\_ **Date:** \_\_\_\_\_