

PLEASE READ AND INITIAL THE FOLLOWING:

_____ I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental/physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical/mental illness, and that nothing said during the course of this session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part if I fail to do so.

As Professional Licensed Massage Therapist we refuse to do anything that will result in the revocation of Licenses, & ability to practice Massage Therapy. Including (but not limited to):

Louisiana Board of Massage Therapy

Chapter 9. Code of Ethics

§901. Code of Ethics

11. exercise the right to refuse to treat any person or part of the body for just and reasonable cause;
12. refrain, under all circumstances, from initiating or engaging in any romantic or sexual conduct, sexual activities, or sexual behavior involving a client, even if the client attempts to pursue a sexual relationship;
13. respect the client's boundaries with regard to privacy, disclosure, exposure, emotional expression, beliefs, and the client's reasonable expectations of professional behavior. Practitioners will respect the client's autonomy.

_____ I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and that I will be liable for full payment of the scheduled appointment.

FOR FIRST TIME CLIENTS:

My main goal as a Professional Licensed Massage Therapist is to use my knowledge and skill to create trust within a professional relationship. Until we build that rapport I require payment before services are rendered, as well as a copy of a Photo I.D., Driver's License, or Passport.

Payments can be sent via:

PayPal @ PayPal.me/JBPMT

Venmo @ JoleiBlancMassageTherapy

Chase Bank "Quick Pay" with Zelle @ missjolei@hotmail.com

Signature: _____ Date: _____