

Please be advised of the policies for Summit Therapeutics. Checking the box below signifies acceptance of these policies.

Arrival and Tardiness:

To ensure a full session, timely arrival is requested. If late arrival is unavoidable, my appointment may be shortened to accommodate further appointments already booked that day. The full session cost will be charged. Checking the box below confirms my understanding of the Arrival and Tardiness policy.

Credit Card for Reservations Policy:

Summit Therapeutics requires a valid Credit Card in order to reserve an appointment spot. This credit card will only be charged if the appointment is cancelled within the 24-hour cancellation period (outlined below). Otherwise, the card will not be charged, and you retain the right to choose your payment method at the end of every appointment. Checking the box below confirms my understanding of the Credit Card for Reservations policy.

Cancellation Policy:

I may cancel my appointment without charge any time up to 24- hours prior to the scheduled start time. Same day cancellations will result in my being charged in full for the appointment. The credit card on file will be charged. In the event that the CC charge is declined, cash payment in full will be required for the missed appointment prior to scheduling any further appointments. Checking the box below confirms my understanding of the Cancellation policy.

Illness:

Massage/bodywork is not appropriate care for infectious or contagious illness. I will cancel my appointment as soon as I am aware of any such condition. If it is within the 24-hour notice period, the cancellation fee may be waived. If I do not cancel, however, and it is clear upon arrival that I am ill, proceeding with my appointment is at the discretion of Summit Therapeutics: if cancellation is necessary, full payment will be required. Checking the box below confirms my understanding of the Illness policy.

COVID-19 Amendment to Cancellation/Illness Policy:

The symptoms of COVID-19 include but are not limited to fatigue, fever, chills, body aches, sore throat, headaches, a dry cough, and loss of taste and/or smell. If I develop any of these symptoms and suspect it may be COVID-19 related, I will reschedule my appointment for a later date. If I choose to cancel my appointment outright, within 24 hours of the appointment time, I may still incur the late cancellation fee. If I choose to attend my appointment while symptomatic, I will be turned away, and full payment will still be expected for the session. Checking the box below confirms my understanding of the COVID-19 policy.

Billing:

Summit Therapeutics does not bill insurance. I as the client am responsible for paying the full amount of each appointment. Checking the box below confirms my financial responsibility for all services.

Appropriate Behavior:

Professional boundaries are to be respected at all times, both on the part of Summit Therapeutics and myself. Requests for sexual activity will not be tolerated, will be viewed as solicitation, and will be reported to the proper authorities. The current session will be terminated immediately and further sessions will be declined. Checking the box below confirms my understanding of the Behavior policy.

Existing & New Medical Conditions:

It is my responsibility to keep Summit Therapeutics informed of any medical treatment or prescriptions currently underway. It is my responsibility to provide a physician's consent form if appropriate, approving massage therapy. It is my responsibility to keep Summit Therapeutics informed of any changes in my medical conditions. Checking the box below confirms my understanding of the Medical Conditions policy.

Privacy Policy:

Summit Therapeutics will keep my files in the strictest confidence. All client records are kept in a secure place and only those who need my files for purposes related to Summit Therapeutics business operations will have access. My records will not be released to third parties without my written consent. Records may be surrendered, however, in situations where doing so is required by law. Checking the box below confirms my understanding of the Privacy policy.

Age:

A Minor Consent Form, signed by the parent or legal guardian, is required for any clients under the age of 18. For clients under the age of 16, the parent or legal guardian is also required to remain present for the duration of the session. The Minor Consent Form can be found on the Policies & Paperwork page of the website and will need to be signed before a session can commence. Checking the box below confirms my understanding of the Age policy.

Gift Certificates:

Summit Therapeutics is not responsible for lost or stolen gift certificates. Gift certificates have no cash value, may not be used to purchase other gift certificates, and may not be redeemed for cash value. Summit Therapeutics reserves the right to refuse service or reverse any gift certificate purchases for any reason and return the funds to the purchaser at the original purchase price, less any services redeemed. If the service price exceeds the amount of the gift certificate, the redeemer is responsible for the remaining balance. Gift certificates cannot be combined with ANY additional discounts. Checking the box below confirms my understanding of the Gift Certificate policy.

Inclement Weather Policy:

In the event of inclement weather, the 24-hour cancellation policy does not necessarily apply. I am asked to notify Summit Therapeutics of my intentions to reschedule if I will be unable to attend my appointment. If I do not notify Summit Therapeutics that I will not be present, however, the cancellation policy does still apply, and I will be charged per the cancellation policy outlined above. Checking the box below confirms my understanding of the Inclement Weather policy.

Liability Waiver:

Massage / Bodywork is contraindicated for certain medical conditions and symptoms. As such, a referral from a primary care provider may be required prior to beginning a massage session. I affirm that I have stated all my known medical conditions, and answered all questions in my intake paperwork honestly. I agree to keep Summit Therapeutics updated as to any changes in my medical standing, and understand that there shall be no liability on the therapist's part should I forget to do so. I understand that the massage/bodywork I receive is provided for the specific purpose of relaxation and relief from muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure may be adjusted. 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 or physical ailment that I am aware of. I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such. Checking the box below confirms my agreement to these statements.

Signature: _____ Date: _____