CLIENT CONSULTATION FORM **Your Independent Therapist is**

To ensure your well-being and for their records, your Independent Therapist requires clients to complete and sign this form before each massage treatment and thanks you for your understanding.

Urban Massage Ltd ("we", "us", "our") will store the information that you provide on this form on behalf of the Independent Therapist. In addition the Independent Therapist may take notes of the information that you provide and/or which he or she observes. This may include details about your health, medication, any alcohol intake, details about the premises and any pets. Such notes will be electronically stored by us in order to enhance your experience with UrbanMassage.com. They will be stored and made available to any Independent Therapists that you choose to book through us. Your rights in relation to such information are set out in our **Privacy Policy** which can be found at [insert link];

Booking Date: [ ] Client Name:

General & Medical Information (please circle answer)

- Have you had professional massage treatment before? Y / N - If yes, …….. weeks ago
- Are you pregnant? Y / N - If yes, …….. months
- Have you taken any alcohol / drugs in the past 24 hours Y / N
- Do you have any allergies? Y / N

If yes, please describe below:

……

- Do you have any medical conditions / recent operation or taking any medication? Y / N

If yes, please describe below:

……

Client Waiver – *Please read each of the following statements to confirm understanding and acceptance:*

1. I understand and agree that UrbanMassage.com (Urban Massage Ltd) is simply acting as an agent of the Independent Therapist in having made the booking for the massage treatment and that the Independent Therapist is solely responsible for the massage treatment;
2. I understand and agree that my contract for the massage treatment is with the Independent Therapist;
3. The Independent Therapist offers therapeutic treatments which may be scheduled through Urban Massage's software or booking service;
4. I understand and agree that further charges may be due if I have arrived late or if I ask to extend the massage treatment for a longer period than booked;
5. I understand that the services offered today are not a substitute for medical care and that prior to my treatment, I have informed the Independent Therapist of all known medical conditions and injuries;
6. I agree to inform the Independent Therapist of any changes in my health and medical condition during my treatment. I understand there shall be no liability on the Independent Therapist's part if I forget to do so;
7. I understand that my treatment is entirely therapeutic and non-sexual in nature;
8. This release and any disputes or claims arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) are governed by and construed in accordance with the laws of England and Wales and the English Courts shall have exclusive jurisdiction;
9. In the event that this release is presented in dual language format or a translation of this release is provided by the Independent Therapist, the English language version of this release shall prevail if there is a conflict; and
10. By signing this release, I hereby waive and release my Independent Therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.

By signing below, I also consent to the processing of my information (which may include information relating to my health) as described in the **Data Protection Notice** at the top of this form.

Client Signature: _____, Date: _____

If, for any reason, you have any complaints regarding your treatment or Independent Therapist, we invite you to write to our Complaints Handler at customercare@urbanmassage.com – please reference your Booking Number as shown above.