

Massage Therapist Services Agreement

This **Massage Therapist Services Agreement (the "Agreement")** is made and entered into as of _____, 20____, (the "Effective Date") by and between [Name of Therapist], a licensed massage therapist whose mailing address is _____, hereinafter known as the "Therapist," and [Name of Client], whose mailing address is _____, hereinafter known as the "Client."

Herein, each Party is referred to as a "**Party**," and, collectively, as the "**Parties**."

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises and agreements contained herein, the client hires the therapist to work under the terms and conditions hereby agreed upon by the Parties:

1. **Services Provided.** The Therapist shall provide the Client with massage therapy services as follows:

- Swedish massage:
- Deep tissue massage:
- Sports massage:
- Prenatal massage:
- Hot stone massage:
- Aromatherapy massage:
- Reflexology:
- Craniosacral therapy:
- Thai massage:
- Shiatsu massage:
- Other: _____

The duration of each session shall be: (select as applicable)

- Swedish massage: 60-90 minutes
- Deep tissue massage: 60-90 minutes
- Sports massage: 60-90 minutes

- Prenatal massage: 60-90 minutes
- Hot stone massage: 60-90 minutes
- Aromatherapy massage: 60-90 minutes
- Reflexology: 30-60 minutes
- Craniosacral therapy: 30-90 minutes
- Thai massage: 60-120 minutes
- Shiatsu massage: 60-90 minutes
- Other: _____

2. **Fees and Payment.** The Client agrees to pay the Therapist the fees for the massage therapy services as follows: (select as applicable)

- Hourly rate: \$_____ to _____ Per session & massage type (see session 1)
- Flat rate: \$_____ Per session & massage type(see section 1)
- Additional fees for extra services \$_____
- Out of Location services: \$_____
- Membership plan: \$_____
- Discounted Package deals(for multiple massage type): \$_____
- Other: _____

Payment is due at the time of service and the therapist shall accept from the Client the following methods of payment: (select one)

- Cash
- Check
- Credit card
- Bank transfer
- Other: _____

3. **Cancellation and Rescheduling.** The Client agrees to provide the Therapist with at least 24 hours' notice in the event of cancellation or rescheduling of a scheduled session. In the event of cancellation or rescheduling with less than 24 hours' notice, the

Client shall pay a cancellation fee of [amount or percentage of the session fee]. The Therapist may waive the cancellation fee in cases of emergency or illness.

4. **Confidentiality.** The Therapist shall maintain the confidentiality of all information shared by the Client, except as required by law or as authorized by the Client in writing.
5. **Limitation of Liability.** The Therapist shall not be liable for any damages, whether direct or indirect, arising out of or in connection with the massage therapy services provided under this Agreement, except in cases of gross negligence or willful misconduct.
6. **Termination.** This Agreement may be terminated by either party upon written notice to the other party.
7. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the state of _____
8. **Scope of Practice.** The Client acknowledges that the massage therapy services provided by the Therapist are not a substitute for medical care or treatment and that the Therapist is not a licensed medical professional. The Client represents and warrants that they are physically able to receive massage therapy and that they have no medical condition that would preclude them from receiving massage therapy.
9. **Indemnification.** The Client shall indemnify and hold the Therapist harmless from any and all claims, damages, expenses, or liabilities arising out of or in connection with the Client's receipt of massage therapy services, except to the extent caused by the gross negligence or willful misconduct of the Therapist.
10. **Recordkeeping.** The Therapist shall maintain accurate and complete records of the massage therapy services provided to the Client, including but not limited to the dates and duration of each session, the type of massage provided, and any notes or observations regarding the Client's health or condition.
11. **Confidentiality of Records.** The Therapist shall maintain the confidentiality of all records relating to the Client's massage therapy services, except as required by law or as authorized by the Client in writing.
12. **Right to Refuse Services.** The Therapist reserves the right to refuse to provide massage therapy services to any Client for any reason, including but not limited to concerns about the Client's health or safety.
13. **Dispute Resolution.** Any dispute arising out of or in connection with this Agreement shall be resolved through mediation, with the mediator to be selected by mutual agreement of the parties. If mediation is unsuccessful, the dispute shall be resolved through binding arbitration in accordance with the rules of the American Arbitration Association.
14. **Amendment.** This Agreement may be amended or modified only by a written instrument executed by both parties.

15. **Notices.** All notices or other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been duly given when personally delivered or sent by certified mail, return receipt requested, or by email to the parties at their respective addresses.
16. **Waiver.** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver of such provision or of the right to enforce it at a later time.
17. **Severability.** If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable to the fullest extent permitted by law.
18. **Entire Agreement.** This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Massage Therapist Services Agreement as of the Effective Date.

Therapist Signature: _____ **Date** _____

Print Name: _____

Client Signature: _____ **Date** _____

Print Name: _____