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**LINDSEY GODSMARK, L.M.T.**  
**LICENSED MASSAGE THERAPIST**  
**MASSAGE THERAPY CONSENT FORM**

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I hereby state that all information provided is correct according to my current state of health.

I have stated all medical conditions that I am aware of and will keep my practitioner informed of any changes.

I understand the benefits and risks of massage and give my consent for massage. I will consult my Practitioner with any questions or concerns immediately.

I am responsible for all charges for all services provided.

I agree to provide 24 hours cancellation notice. If I fail to do so, I agree to make payment according to the following policy:

- First Late Cancellation - Waived
- Second Late Cancellation - 50% charge of treatment
- Third Late Cancellation - 100% charge of treatment

Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_