



### **Policies Statement Agreement**

I have read and understand, or have been given the opportunity to ask questions and have anything that I do not understand explained to me in a way that I will understand what I am agreeing to when I sign this form. Towel and Table Massage has given me a copy of the Policy Statement for my records and I will always have the opportunity to ask questions about these policies as long as I am an active client of Towel and Table Massage. I also understand that these policies can change at any time without my knowledge and that Towel and Table Massage will make every effort to alert me of any changes that are made.

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Signature of client

Date

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PRINT name of client

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Therapist signature

Date