



## TOUCH FROM THE HEART

### WEDDING PARTY CHAIR MASSAGE AGREEMENT

This agreement is made and entered into between Brenda J. Mills (Massage Therapist) and \_\_\_\_\_ (Client) effective this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Client and Massage Therapist agree to the following:

**SERVICE PERFORMED BY MASSAGE THERAPIST.** The Therapist will provide relaxing chair massage for a pre-designated number of people. Said massage will be performed on a mutually agreed date, and within a specified time frame.

**ADDITIONAL SERVICE.** If the Massage Therapist's schedule allows, additional chair massages beyond the pre-designated number may be performed at a premium rate.

**LIMITATION OF SERVICE.** A) The Massage Therapist cannot diagnose, treat, or prescribe to a client or individual. B) The intention of the chair massage is for relaxation only. C) It is a violation of state law to perform massage services on a person known to be under the influence of drugs or alcohol.

**DATE AND TIME OF SERVICE.** Service will be performed \_\_\_\_\_. Between the hours of \_\_\_\_\_ and \_\_\_\_\_.

**LOCATION OF SERVICE.** The property upon which the services herein described are to be performed is located at \_\_\_\_\_.

**DEPOSIT.** The client agrees to provide a non-refundable deposit of \$50.00 (fifty dollars) at least 2 (two) weeks prior to the scheduled service date.

**PAYMENT.** The client agrees to deliver to the Massage Therapist full payment for the massage service prior to the performance of said service.

**FORMS OF PAYMENT.** Acceptable forms of payment are; credit card (Visa or MasterCard), check, or cash.

**DELAYS.** The Massage Therapist is not responsible for delays caused by activities or factors beyond the Therapist control.

**CANCELLATION.** The client agrees to contact by phone at least 72 (seventy two) hours prior to the agreed service date to cancel or reschedule the chair massage. Failure to notify the Massage Therapist of cancellation 72 (seventy two) hours prior to the scheduled service date will result in the client being charged the full monetary amount agreed upon for the massage services.

**ENTIRE AGREEMENT OF PARTIES.** This contract contains the entire agreement of the parties and cannot be changed except by their written agreement.

**AMOUNT OF SERVICE.** NUMBER OF PEOPLE \_\_\_\_\_ AMOUNT OF TIME PER PERSON \_\_\_\_\_

*Touch From  
The Heart*  
*B. Mills, L.M.T.*  
1149 Precinct Line Road, Suite D  
Hurst, TX 76053  
817-929-8508

Special Provisions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

NAME, PHONE NUMBER, AND ADDRESS OF BRIDE \_\_\_\_\_  
\_\_\_\_\_

NAME, PHONE NUMBER, AND ADDRESS OF GROOM \_\_\_\_\_  
\_\_\_\_\_

NAME, PHONE NUMBER, AND ADDRESS MOTHER OF BRIDE \_\_\_\_\_  
\_\_\_\_\_

**RATES:**

DEPOSIT	\$50.00
ADDITIONAL SETUP FEE	NO. _____ @ \$50.00=\$ _____
SPECIAL PROVISIONS FEE	NO. _____ @ _____ =\$ _____
CHAIR MASSAGE (\$100.00 MINIMUM)	TIME _____ @\$1.00/MINUTE=\$ _____
PREMIUM RATE	TIME _____ @\$1.50/MINUTE=\$ _____
	TOTAL \$ _____

CLIENT  
NAME \_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_

MESSAGE THERAPIST  
Brenda J. Mills, LMT  
\_\_\_\_\_  
DATE \_\_\_\_\_  
ADDRESS: 1149 Precinct Line, Suite D  
CITY: HURST, TX. ZIP CODE: 76053  
PHONE 817-929-8508