

Burke Rehabilitation Hospital | Massage Therapy

Adult Fitness Center

785 Mamaroneck Ave.
White Plains NY 10605

P. 914-597-2805 | F. 914-597-2809

Mamaroneck Outpatient

703 West Boston Post Road
Mamaroneck, NY 10543

P. 914.597.2557 | F. 914.798.4130

Somers Outpatient

325 Route 100, Suite 106
Somers, NY 10589

P. 914.597.2890 | F. 914.669.5061

Massage Therapy at Burke

All Massage Therapy sessions must be scheduled by front desk personnel. Sessions may be purchased in the quantities and prices listed. Purchased sessions must be used within six months of purchase. At Burke, we understand that unanticipated events occur in everyone's lives. Unforeseen events such as car problems, traffic considerations, business meetings, and project deadlines, are just a few reasons why one might consider canceling a massage appointment. In our commitment to provide a unique and outstanding massage experience to all of our clients, and out of consideration for our therapists' time, we have adopted the following policies:

ARRIVAL TO YOUR MASSAGE

New Members: Please arrive for your appointment 15 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client form. All massages have a specific time schedule and early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your service(s) may be shortened in order to keep on schedule. The original treatment time will be charged.

CANCELLATION POLICY

Please provide at least 24 hours notice if you need to reschedule or cancel a treatment. This gives the fitness center enough time to fill the slot. If a client fails to cancel within 24 hours, they will be asked to pre-pay for future services and will be charged for the missed session.

LATE ARRIVAL POLICY

We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when our schedule will allow, we may be able to accommodate a partial or full appointment. This will be at our discretion and only with proper, advanced notification of your late arrival. The original reservation fee will be charged.

NO SHOW POLICY

Clients who fail to show for appointments may be asked to pre-pay for future services and may be charged for the appointment that was missed. It is important that our massage therapists are compensated for reserved time slots.

CLIENT AGREEMENT

I understand that massage provided through the Burke Community Wellness program part of Burke Rehabilitation Hospital is for purposes of stress reduction and muscle relaxation. If I experience any pain or discomfort I will immediately inform the therapist so that the pressure and/or technique can be adjusted to my level.

I understand that the massage therapist does not diagnose or treat illness. The massage therapist(s) does not provide medical treatment, prescribe pharmaceuticals or perform spinal manipulations.

Because massages should not be performed under certain medical conditions, I affirm that all the medical information provided is accurate. I agree to keep the therapist updated on any changes in my medical profile and that there is no liability on the therapist's part if I fail to do so. I also understand that

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any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage and I will be banned from any additional massage therapy. I understand I may also face termination from the Burke Adult Fitness Center/Community Wellness programs (at discretion of the director) and all of its offered services without refund. I also understand I will be liable for payment of the scheduled appointment.

LIABILITY WAIVER

I _____ wish to engage in massage therapy sessions offered as part of the services of the Burke Community Wellness program. I understand that engaging in massage therapy sessions through the Burke Community Wellness program is voluntary and not medically prescribed therapy. I hereby affirm that I do not now suffer from any medical condition, impairment or disability that would prevent, or limit in any way my engagement in massage therapy. Any limitations to my participation have been fully disclosed to the massage therapist. I fully understand and assume the risk that I may suffer injury as a result of engaging in massage therapy, including, but not limited to injuries to bones, muscles and their attachments, and more serious illness such as heart attacks.

In consideration of my participation in the massage therapy program at the Burke Adult Fitness Center and Offsite outpatient therapy locations, I for myself, my heirs, executors, administrators, representatives and assigns hereby discharge The Burke Rehabilitation Hospital, it's employees, subsidiaries, affiliates, offices, directors, agents, successors, assigns, and/or representatives, from any and all claims, demands, causes of action, suits, charges, liabilities and expenses (including attorney's fees), now or in the future, arising from my participation in Burke Community Wellness Programs including but not limited to liability related to the injuries listed above, however caused, whether they occur during or after my participation.

I hereby affirm that I have read and fully understand all policies, agreements and the above liability, and that my signing of this waiver is knowing and voluntary.

Printed Name

Date

Signature

Contact information:

Name _____ Address _____

City,St,Zip _____ Phone () _____

Email _____