

*Carol Rossetti, LMT • Therapeutic Massage*

**Cancellation Policy:**

I understand that if I arrive late, my session will end at the originally scheduled time so the client following me is not penalized. I agree to give 24-hour notice for a scheduled session that I can not keep. I am aware that I may be charged the full fee for any missed sessions or for sessions that I do not give 24-hour notice to cancel or reschedule.

Signed \_\_\_\_\_ Date \_\_\_\_\_