

Embodied Touch – Client Service Agreement

(To be completed before your first session)

Between

Client Name & Surname: _____

Mobile No.: _____

Practitioner Name & Surname: _____

Date: ____ / ____ / ____

This Client Service Agreement (the “Agreement”) is entered into by and between Embodied Touch (the “Practitioner”) and the undersigned client (the “Client”) as of the date signed below. This Agreement establishes the terms and conditions under which therapeutic, sensory, and holistic massage services are provided, with emphasis on professionalism, boundaries, and mutual respect.

1. DESCRIPTION OF SERVICES

The Practitioner provides bodywork, therapeutic massage, sensory fusion, and holistic touch services. These may include modalities such as Swedish massage, deep tissue, Lomi Lomi, Thai stretches, ASMR-inspired techniques, and tantric-inspired sensual bodywork. While the Practitioner may integrate sensual and energetic components, services do not include nor imply sexual activity or explicit erotic acts.

2. PRACTITIONER RESPONSIBILITIES

The Practitioner agrees to:

- Deliver services with professionalism, care, and integrity.
- Maintain confidentiality of all client information in accordance with data protection standards.
- Respect the client's stated boundaries as expressed verbally and in the Preferences & Boundaries Form.
- Provide a safe, hygienic, and respectful environment.

3. CLIENT RESPONSIBILITIES

The Client agrees to:

- Communicate openly and honestly about preferences, boundaries, and health history.
- Refrain from requesting or initiating sexual activity from or with the practitioner during sessions.
- Respect the Practitioner's professional role, time, and boundaries.
- Complete intake and consent forms before receiving services.

4. SCHEDULING & FEES

Sessions are offered by appointment only. Fees are communicated prior to booking and are payable at the time of service, unless otherwise arranged. Packages, special rates, or promotions may be offered at the Practitioner's discretion.

5. CANCELLATION POLICY

Cancellations require at least 24 hours' notice. Cancellations with less than 24 hours' notice, or no-shows, may result in a charge of up to 100% of the session fee. Repeated cancellations may lead to termination of services.

6. HEALTH & CONSENT

The Client affirms that all health information provided is accurate and complete. The Client must notify the Practitioner of any medical conditions, injuries, or medications prior to each session. The Client consents to receive touch in accordance with their Preferences & Boundaries Form.

7. BOUNDARIES & COMFORT

The Client understands that Embodied Touch integrates elements of therapeutic, sensual, and ASMR-style massage. All touch is conducted with consent. The Client may revoke consent or request modifications at any time during the session. The practitioner is strictly prohibited from performing direct genital manipulation, penetration, or overt sexual acts during sessions.

8. CONFIDENTIALITY & SAFETY

All personal, health, and session-related information remains confidential, unless disclosure is required by law. Session notes and intake forms are securely stored in compliance with privacy regulations.

For the protection of both the Client and the Practitioner, audio recordings may be made during massage sessions. These recordings are maintained securely and may be used for review in the event of disputes or concerns. Copies of recordings may be made available to the Client upon written request. Recordings are treated as confidential and handled with the same level of security, privacy and care as all other client information and is subject to POPIA.

9. LIABILITY WAIVER

The Client acknowledges that massage and bodywork are not substitutes for medical treatment. The Practitioner does not diagnose or treat medical conditions. The Client releases the Practitioner from liability for any unintended consequences, provided services are delivered in good faith.

10. TERMINATION OF AGREEMENT

Either party may terminate this Agreement at any time. The Practitioner reserves the right to refuse or discontinue services if boundaries are violated, if the Client engages in inappropriate behavior, or if continuation poses risk to health or safety.

11. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the jurisdiction in which the services are provided.

12. ACKNOWLEDGMENT & CONSENT

By signing below, the Client affirms that they have read, understood, and agreed to this Agreement. The Client consents to receive services under the terms outlined herein.

Client Name & Surname: _____ Client Signature: _____

Signed at _____ on this _____ day of _____ 20____

Practitioner Name & Surname: _____ Practitioner Signature: _____

Signed at _____ on this _____ day of _____ 20____