



CMT Name: _____

Date: _____

On the Spot Massage "chair massage" is for relaxation and stress reduction only! We do not treat or diagnose conditions. Chair massage should not be used as a replacement to any medical care you may be receiving. If you have any medical concerns, we advise you to consult your physician.

By signing your name below you are releasing On the Spot Massage at Work LLC, _____, and the massage practitioner from any liability during and after receiving a chair massage.

*** Payments via personal check must include a contact phone number; there is a \$50 fee for returned checks.**

Tips are warmly welcomed!

	START TIME	END TIME	How many minutes?	*Sign your name & print below <i>(Please note the release/disclaimer above)</i>	Do you have a current or past medical condition or injury we should be aware of before we begin?		May we contact you with information about having chair massage at your workplace, events, parties, etc? Please leave your contact information (phone or e-mail)
					Yes / No	Describe	
1					Yes / No		
2					Yes / No		
3					Yes / No		
4					Yes / No		
5					Yes / No		
6					Yes / No		
7					Yes / No		
8					Yes / No		
9					Yes / No		
10					Yes / No		

For Use by On the Spot Only:

Massage Practitioners, this form is also your invoice for hours worked. Please submit this original sign-up form with checks and cash received to OTS at 2430 Ninth Street, Suite A, Berkeley CA 94710. Please do not mail cash.

Total Hours Worked: _____ Amount Due Practitioner: _____

Total Enclosed: Checks \$ _____ Cash \$ _____ TOTAL Enclosed: \$ _____