Corporate Massage Agreement

Tranquil Moments Massage Therapy

Corporate Massage Contract

This Agreement is made between **Tranquil Moments Massage Therapy** ("Provider") and:

Company Name: _____
Authorized Contact Person: _____

1) Scope of Services

The Provider agrees to deliver on-site chair or table massage services for employees, staff, or event participants of the above-listed company. Specific details, including session type, duration, and schedule, will be agreed upon in writing prior to each event or service date.

2) Compensation

The Company agrees to compensate the Provider as follows:

- **Hourly Rate:** $_____ per therapist, with a minimum booking of _____ hours
- **Per-Person Rate (if applicable):** $_____ per participant/session
- Payment is due within _____ days of the completed service date unless otherwise agreed upon in writing.

3) Term

This Agreement is valid from:
Start Date: _____ to **End Date:** _____

Alternatively, for ongoing services, this Agreement shall remain in effect until terminated by either party with a minimum of **14 days' written notice**.

4) Policies & Expected Behavior

- The Company agrees to provide a **safe**, **accessible space** for massage services.
- Employees/participants must arrive at their scheduled time; **late arrivals may result in a reduction of session time.**
- Any inappropriate behavior, harassment, or conduct deemed unprofessional toward Provider staff will result in immediate termination of services, and full payment for the scheduled time will still apply.
- The Company will communicate these expectations to its employees or event attendees.

5) Cancellation Policy

✓ Cancellations must be made at least **48 hours** prior to the scheduled service.
✓ Cancellations made within less than 48 hours may incur a fee of up to **50%** of the scheduled service total.
✓ No-shows or cancellations within **24 hours** of service may be charged in full.

6) Liability Waiver

The Company acknowledges that massage therapy may involve physical touch and carries inherent risks such as muscle soreness or discomfort. By signing below, the Company releases **Tranquil Moments Massage Therapy**, its staff, and contractors from any liability for injuries, adverse reactions, or other issues resulting from services provided during corporate events.

Authorized Representative Printed Name: _____
Signature: _____
Date: _____