

Please be advised of the policies for Summit Therapeutics.

Please also be cognizant of the fact that we did not implement these policies to make things difficult; we implemented them so that expectations on both your end and ours are clearly outlined, understood, accepted, and respected.

Scheduling an appointment at Summit signifies that you understand and accept our policies for this and all future appointments.

1. Arrival and Tardiness:

To ensure a full session, timely arrival is requested. If I am late, my appointment will still end at the scheduled time – out of respect for other people's appointments already booked that day. The full session cost will be charged. Scheduling an appointment confirms my understanding and acceptance of the Arrival and Tardiness policy.

2. Credit Card for Reservations Policy:

Summit Therapeutics requires a valid Credit Card on file to reserve an appointment spot. I can choose to "Pay Now" and the card will be charged, or I can choose to "Reserve Without Paying" in which case my card is filed but not charged. Upon arrival, I can choose to pay by my choice of the following options: credit card, cash, Venmo. The Credit Card reserved on file will only be charged if I cancel the scheduled appointment within the 24-hour cancellation period (Policy #3). Otherwise, my vaulted card will not be charged, and I maintain the right to choose my payment method at the end of every appointment. Scheduling an appointment confirms my understanding and acceptance of the Credit Card for Reservations policy.

3. Cancellation Policy:

I may cancel my appointment without charge any time up to 48- hours prior to the scheduled start time. If I communicate my need to cancel to Summit within 48-hours of the scheduled start time, I will be subject to a \$50 fee for first occurrence, and \$100 fee for following occurrences. If I choose to No-show , my missed appointment will result in a 100% price-of-service fee on first occurrence, and I will not be invited back to Summit for future sessions.

The credit card on my file (Policy #2) will be charged. In the event that the Credit Card charge is declined, I understand that cash payment in full will be required for the missed appointment prior to scheduling any further appointments.

In the event that I dispute or refuse this Cancellation fee, I will no longer be welcome to schedule future appointments with Summit.

Scheduling an appointment confirms my understanding and acceptance of the Cancellation policy.

4. Cancellation Policy Cont'd: Illness of Any Kind, Including COVID-19

Massage/bodywork is not appropriate care for infectious or contagious illness.

If I become ill before my appointment at Summit, I am expected to communicate this illness as soon as possible, or will be subject to the Late Cancellation fee (Policy #3).

Scheduling an appointment confirms my understanding and acceptance of the Illness-related Cancellation Policy.

5. Cancellation Policy Cont'd: Inclement Weather

It snows in Denver. It rains in Denver. It ices in Denver. Both Summit and myself have access to accurate weather forecast predictions, which means weather is rarely a surprise. In the event of inclement weather, I understand that one of two things will happen:

1. Summit closes. In this case, Summit will contact me about rescheduling, and my card on file will not be charged.

2. Summit remains open for business. In this case, I am expected to attend my scheduled appointment or will be subject to the standard 24-hour cancellation policy. If I have intentions of rescheduling because of incoming snow, I am expected to notify Summit Therapeutics that I will not be present at least 24 hours in advance. If I do not cancel or reschedule outside of the 24-hour window, then my card on file will be charged per the Cancellation Policy (Policy #3). Scheduling an appointment confirms my understanding and acceptance of the Inclement Weather policy.

6. 3 Strikes Policy

Life happens. The reschedule function on Summit's portal exists for a reason. But I understand I am limited to three (3) cancellations / reschedules in a rolling 8 month period. Once that limit is met, if I request another, my appointments will be cancelled and I will be referred elsewhere. I understand that Summit reserves their time and resources specifically for me when I schedule a session, and that it is important to uphold our two-way commitment to mutual respect for each other's schedules.

7. Billing:

Summit Therapeutics is a cash-pay studio and does not bill insurance. Scheduling an appointment confirms my understanding and acceptance of my financial responsibility for all services.

8. Appropriate Behavior:

Professional boundaries are to be respected at all times, both on the part of Summit Therapeutics and myself. Requests for sexual activity will not be tolerated, will be viewed as solicitation, and will be reported to the proper authorities. The current session will be terminated immediately, and further sessions will be declined. Scheduling an appointment confirms my understanding and acceptance of the Behavior Policy.

9. Existing & New Medical Conditions:

It is my responsibility to keep Summit Therapeutics informed of any medical treatment or prescriptions currently underway. It is my responsibility to provide a physician's consent form if appropriate, approving massage therapy. It is my responsibility to keep Summit Therapeutics informed of any changes in medical conditions. Scheduling an appointment confirms my understanding and acceptance of the Medical Conditions Policy.

10. Privacy Policy:

Summit Therapeutics will keep my files in the strictest confidence. All client records are kept in a secure place and only those who need my files for purposes related to Summit Therapeutics business operations will have access. My records will not be released to third

parties without my consent. Records may be surrendered, however, in situations where doing so is required by law. Scheduling an appointment confirms my understanding and acceptance of the Privacy Policy.

1 1. Age:

A Minor Consent Form, signed by the parent or legal guardian, is required for any clients under the age of 18. For clients under the age of 16, the parent or legal guardian is also requested to remain present for the duration of the session. The Minor Consent Form will be provided at the time of session and will need to be signed before a session can commence. Scheduling an appointment confirms my understanding and acceptance of the Age Policy.

1 2. Gift Certificates:

Summit Therapeutics is not responsible for lost or stolen gift certificates. Gift certificates are non-refundable, have no cash value, and may not be used to purchase other gift certificates. Summit Therapeutics reserves the right to refuse service or reverse any gift certificate purchases for any reason and return the funds to the purchaser at the original purchase price, less any services redeemed. If the service price exceeds the amount of the gift certificate, I as the redeemer am responsible for the remaining balance. Gift certificates cannot be combined with ANY additional discounts. My signature below confirms my understanding of the Gift Certificate policy.

1 3. Release of Liability:

Massage / Bodywork is contraindicated for certain medical conditions and symptoms. As such, a referral from a primary care provider may be required prior to beginning a massage session. I affirm that I have stated all my known medical conditions and answered all questions in my intake paperwork honestly. I agree to keep Summit Therapeutics updated as to any changes in my medical standing and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that the massage/bodywork I receive is provided for the specific purpose of relaxation and relief from muscular tension. If I experience any pain or discomfort during this session, I will immediately inform my therapist so that pressure may be adjusted. I further understand that massage / bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists/bodyworkers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session(s) given should be construed as such. Scheduling an appointment confirms my understanding and acceptance of the Release of Liability Policy.