Consent for Treatment & Liability Waiver

Welcome to the practice. We are honored to help you and your family in Remembering God's Design. Please read this through and sign below.

1 Consent

I voluntarily request and consent to receiving Somatic Manual Therapy. I understand that the services provided are intended for general wellness, stress reduction, and relief of postural alignment issues only.

2 My health

To the best of my knowledge, I do not have any injuries or conditions that would prevent me from safely receiving Somatic Manual Therapy. I understand the importance of informing my therapist of all known medical conditions and medications, and I acknowledge that additional risks may be associated with my physical condition.

To the best of my knowledge, I do not have any contagious conditions that could pose a risk to my therapist or other clients.

3 Comfort during a session

If I experience any pain, anxiousness, or discomfort during the session, I will immediately inform my therapist so that adjustments may be made to my comfort level. I will not hold the therapist responsible for any discomfort I experience during or after the session. I understand that either I or the therapist may end the session at any time, for any reason.

4 Risks

I understand that the potential risks associated with Somatic Manual Therapy include, but are not limited to:

- Minor superficial bruising
- Short-term muscle soreness
- Aggravation of an unknown or pre-existing injury

I have had the opportunity to ask questions regarding Somatic Manual Therapy and all of my questions have been answered to my satisfaction.

5 Not a substitute for medical care

I acknowledge that I have been informed of the policies and procedures related to Somatic Manual Therapy and that I understand them. I understand that services provided are not a substitute for medical care, and that I should consult a physician or qualified health provider for any medical concerns I may have. I further understand that therapists do not diagnose or treat illness, injury, or disease, and that nothing said during the

session should be interpreted as medical advice or diagnosis. My consent is informed and voluntary, and I understand that I may withdraw it at any time, except for services already provided.

6 Cancellation policy

48 hours' notice is required for all cancellations. Cancelling with less than 48 hours' notice incurs a charge of $225.

I agree to give 48 hours' notice when cancelling a Somatic Manual Therapy appointment, and I understand I will incur full charges for any no-show.

7 Signature

By signing below, I give my consent to receive services as described above.

CLIENT NAME (PLEASE PRINT) DATE

CLIENT SIGNATURE DATE