**Client Waiver Form**

**Fascial Stretch Therapy**

Please take a moment to read and initial the following information:

 I understand that fascial stretch therapy (FST) is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation, range of motion and energy flow.

 If I experience pain or discomfort during the session, I will immediately inform my practitioner so that pressure can be adjusted to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.

 I affirm that I have notified my practitioner of all known medical conditions and injuries.

 I agree to inform my practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the instructor’s part should I forget to do so.

 I understand that stretch therapy sessions are designed to assist in greater stretch gains and are non-sexual in nature.

 I understand that there is a **24-hour cancellation policy**. If I am unable to cancel before that time I will be responsible for the costs associated with that session.

 I agree that in the event my insurance refuses payment for any session, I am fully responsible for paying my outstanding balance.

**\_\_\_\_\_I** understand that the services offered today are not a substitute for medical care. I understand that my practitioner is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.

By signing this release, I hereby waive and release my practitioner from any and all liability, past, present, and future relating to these fascial stretch sessions/bodywork.

I have read and agree to these policies therein.

Client Name:

Client signature:

Parent signature (if under 18yrs):

**Information and Suggestions**

* Prior to your stretch, please remove jewelry or watches.
* Pull long hair back with a clip or band.
* Please wear loose, long, comfortable clothing that allow for freedom of movement.
* Feel free to ask your practitioner any questions before, during, or after the session.