



Please read each section carefully. By signing below you are acknowledging you have read and agree to each term.

Contract for Care

I promise to participate fully in my wellness plan. I will make sound choices regarding my health based on the information provided by therapist and any other members of my wellness team or health care team and based on my experiences with those suggestions. I promise to keep my therapist and team informed on my progress, concerns or any changes in my treatment or goals.

Consent for Care

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that massage/Bowenwork/bodywork is for the purpose of relaxation/relief from muscular tension/patterns and **not** a substitute for medical care, diagnosis or treatment of any illness. I recognize it is my responsibility to inform my therapist of any changes in my physical condition. My therapist is not liable for injuries caused due to unknown or undisclosed issues with my health.

Payment Policy

I agree that all services rendered to me are charged directly to me and I am responsible for payment unless other arrangements have been made. I agree to pay for all scheduled appointments that I am unable to keep unless I notify my therapist 24 hours in advance.

Payment may be in the form of cash, Visa or Mastercard. Personal checks are only accepted from established clientele. I am responsible for any bank fees due to insufficient funds.

Signature _____ Date _____

Consent for Clients Under 18

By signing below, you (guardian) are acknowledging you have read and agree to each term above.

Name of Client Receiving Care _____

Signature of Guardian _____ Date _____

Relationship to Client _____