



HANDS OF INTEGRATION

Client Release and Consent Form

I fully understand the purpose of Structural Integration is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body-movement is achieved.

I understand Structural Integration is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Practitioner of Structural Integration does not treat, prescribe or diagnose any illness, disease, or any other physical or mental disorder of the person. Nothing said or done by the S.I. Practitioner should be misconstrued to be such.

I give the Practitioner my permission and consent to do all those things necessary in helping me establish balance and alignment, including, by not limited to touching my body.

If I experience any pain during this session, I will immediately inform the practitioner so that the work can be adjusted to my level of comfort. Because touch can be harmful under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I forget to do so.

It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the full scheduled appointment.

Should I need to cancel future sessions, I agree to give my practitioner 24 hours notice or I will be financially responsible for the session time.

Signed:

Date: