

Footprints to Wellness, LLC.

Client Consent Form

I, _____, (print name; if a minor, include name of responsible party) understand that the balancing session provided by Footprints to Wellness, LLC. is intended to reduce stress, enhance relaxation and increase communication within areas of the body.

I understand that BodyTalk, Reflexology, Reiki, Raindrop Technique and Pulsed Electromagnetic Field Therapy are not a substitute for medical examination, diagnosis, treatment or medications. I understand that the practitioner is not a doctor and is not qualified to perform spinal or skeletal adjustments, make medical diagnoses, prescribe or adjust medical prescriptions, and that nothing said in the course of the session(s) should be construed as such.

I understand that participation in a balancing session is voluntary and that at all times I may choose to end my participation. In addition, session(s) may entail light tapping and touching of energy points on the body. The practitioner will inform me where tapping and/or touching by the practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that any information exchanged during the session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my balancing session and I hold harmless the practitioner, health clinic, and facility/location where the session is provided.

I affirm that I have stated all my known medical conditions, and answered all questions honestly and completely. 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 fail to do so.

I give my permission for the use of appropriate equipment (like bolsters, blankets, etc.) to be used in the session as an aid to the practitioner or to ensure my comfort.

Payment by cash or by check is due at the time of service. Since time has been especially reserved for me, **I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.**

If I have any questions or concerns, I will address these promptly with the practitioner. I hereby authorize Footprints to Wellness, LLC. to provide me with balancing sessions.

Signature _____ Date _____
Client (or, if a minor, parent or guardian)

Print Name _____