

## Informed Consent

informed Cor	nsent	
provided for the bincrease range of discomfort during	(the client) understand that pasic purpose of relaxation, reli motion, and improve circulating g this session, I will immediate t the session may be adjusted	ief of muscular tension, on. If I experience any pain or ly inform the therapist (Jamie
for medical exam physician, chiropr physical ailment of practitioners are r diagnose, prescrib	and that bodywork should not ination, diagnosis, or treatmer ractor, or other qualified medic of which I am aware. I underst not qualified to perform spinal be, or treat any physical or med e of the session given should be	nt, and that I should see a cal specialist for any mental or cand that bodywork or skeletal adjustments, ntal illness, and that nothing
conditions, I affirn	rk should not be performed ur n that I have stated all my kno stions honestly. Lagree to keep	wn medical conditions and

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 fail to do so. I also understand 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 scheduled appointment.

Client Signature:	Date:	
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