# District Rolfing Client Agreement & Release

1) I agree to receive manual and movement therapy from District Rolfing. A variety of techniques and pressure levels may be used, including classical Rolfing techniques (myofascial work) as well as lighter touch soft tissue work (e.g. visceral and neural manipulation) and stretching. If I have any questions about the techniques to be used or my response, I will ask the therapist.

2) I understand that Rolfing and other manual therapy provided by District Rolfing is not a substitute for medical care and medical diagnosis. Rolfing and other manual therapies provided by District Rolfing are intended to ease areas of tension, balance how tension is held by the body, and increase body awareness. I understand that responses are individual and there is no guarantee of effectiveness or specific results.

3) I understand that I can stop the session at any time, and I am free to stop therapy at any time. If at any point during the session I feel uncomfortable with a technique or level of pressure, feel pain, discomfort, or anxiety about whether the technique is right for me, I will let the practitioner know so that the work can be adapted or stopped.

4) RISKS: Bodywork and movement therapy are very safe. However, I understand it is always possible to have a nervous system or emotional reaction to manual therapy. This could manifest as feeling sore, an increase in nerve pain, stomach upset, intensification of emotion, or feeling off. These symptoms usually resolve on their own in 1-3 days. Less commonly, bodywork and stretching may cause bruising or muscle sprain. Certain conditions may be a contraindication for some techniques. I agree to give accurate information on any medical conditions I have as well as telling the therapist about any pain experienced during or after the session. If I am given any exercise, I agree to practice prudently and pay attention to my body.

5) PAYMENT AND CANCELLATION POLICY: I agree to pay the full amount due at the time of the session. If I cancel a session within 24 hours before the session, or don’t show up for a session, I understand that I owe 50% of the session fee. *If you need to cancel please try to do so as far in advance of the session as you can so that someone else might be able to take the time.*

6) SICKNESS: I agree not to come in for a session if I am currently suffering an illness that can be spread through air or casual contact (e.g., flu, strep, cold) or if someone in my household is in the contagious stage of a sickness. *This is important to protect you (if you are sick your body needs to devote its attention to getting better, not bodywork) and also to protect other clients*. If you think you may be sick cancel in advance, if you wake up sick let me know & the late cancellation will be waived.

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date*