

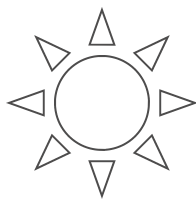
Center for Integrative BodyWork™

Informed Consent

In order to keep you apprised of the Center's most recent changes, offerings, discounts, as well as sharing educational information, we would like to be able to contact you via mail as well as email. Be assured the Center will only use your home address and your email address strictly for the above mentioned purposes. None of your personal information will be given to third parties and all confidentiality will be maintained. Please indicate your preferences below. Keep in mind you may change your preference at any time by notifying the Center.

I would like to receive mailings to my home address. Y N

I would like to receive mailings to my email address. Y N email address: _____
(Email from the center will be sent from the domain yourcfib.com)



I, _____, understand that the massage therapy/bodywork given to me by _____ is for the purposes of stress reduction, pain reduction, relief from muscle tension, increasing circulation, or specific reasons noted here:

I understand that the massage therapist/bodywork provider does not diagnose illness, disease, or any other disorder, and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of the treatment.

I understand that massage therapy/bodywork is not a substitute for medical examinations or medical care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

I have stated all my known physical conditions, medical conditions, and medications, and I will keep the therapist updated on any changes.

I also understand that any illicit or sexually suggestive remarks or advances will result in termination of the session, and I will be liable for payment of the scheduled appointment.

Client signature

Date

Parent / Guardian Signature (If under 18)

Date

