

Adam Tanner
Certified Rolfer™
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Rolfing® Structural Integration Consent Form

I fully understand the purpose of Rolfing 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 are achieved.

I understand Rolfing 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 Rolfer does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body. I give **Adam Tanner, Certified Rolfer** my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. I understand that I, the client, have the right to refuse any portion of any session at any time or to discontinue the session at any time for any reason.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfing.

All records maintained by the Rolfer regarding the client below are confidential and will require prior written approval from the client to be released to anyone other than the client.

Cancellation Policy: I understand that a minimum of 24 hours notice is required for cancellations. I agree to pay a \$50 fee for any sessions canceled with less than 24 hours notice or for "no show" appointments. *Your appointment time has been set aside especially for you. If you are unable to keep the appointment, please consider providing enough notice so others who are waiting have the opportunity to reserve that time.*

Printed Name _____

Signature _____ Date _____

Signature of Parent/Guardian (if under 18 yrs of age) _____ Date _____