

Date:

Client:

Phone:

Address:

Email:

Date of Birth:

Height:

Weight:

Sex: Female Male

Occupation:

Emergency Contact:

Relationship:

Phone:

Previous Rolwing® experience?

If yes, with whom?

Are you now under the care of a physician or other health practitioner? Yes No If yes, for what?

Check any that apply:

Contact lenses

Osteoporosis

Hearing aid

Dentures

Easy bruising

Recent injury

Artificial joints

Heart condition

Open cuts or sores

Infectious / contagious conditions

Low back pain

High blood pressure

Varicose veins

Pregnant (if so, how many months? _____)

Joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis

Carpal Tunnel Syndrome

TMJ

Fibromyalgia

Recreational Drug Use

Allergies:

Chronic pain- where:

Numbness/tingling- where:

Any other conditions or history I should be aware of?

Please describe:

Please list any/ALL medications you are currently taking:

Please describe any surgeries in the last year:

Major accidents, injuries, illnesses:

What would you like out of this session?

Release of Liability to Receive Rolwing®

Date: _____

I understand that Mackenzie Moen (hereinafter referred to as "Practitioner") is not a physician and does not diagnose illness, disease or any other physical or mental disorder. The Practitioner does not prescribe medical treatment or pharmaceuticals. Nothing said or done by the Practitioner should be misconstrued as actual medical advice, medical treatment or medical diagnoses. Any information provided by the Practitioner is for educational purposes only. The Practitioner makes no promises or guarantees about her work. I understand that bodywork is not a substitute for medical examination or diagnosis, and that it is recommended that I see a physician before beginning any program of physical conditioning or bodywork and for any physical or mental ailment(s) that I may have.

I fully understand that the purpose of this bodywork is to balance and align the physical body. This is done through direct manipulation of the body and education so that greater economy and freedom of body movement are achieved. I give the Practitioner 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 Practitioner full privilege and license to work on my body in order to assist me in establishing balance and alignment therein.

If I experience any pain or discomfort during this/these session(s), I will immediately inform the Practitioner so that the pressure, procedure, and/or exercise may be adjusted to my level of comfort. I understand that I may experience side effects following a session, including but not limited, physical discomfort, drowsiness, dehydration, emotional release, and may trigger labor or miscarriage in pregnancy or have extreme effects in persons with a mental and/or emotional disorder. I understand that if I become uncomfortable for any reason that I may ask the Practitioner to end the session, and they will end the session. I understand that body work is not sexual in any manner and that any illicit or suggestive remarks or behavior on the client's part will result in an immediate termination of the session.

The Practitioner must be made aware of any existing physical conditions and I affirm that I have stated any and all known medical conditions, physicians consulted about the medical conditions, pharmaceuticals and/or treatments prescribed by a physician, alternative medicines I take and any alternative therapies I receive. I will continue to update and inform the Practitioner of any conditions of my physical or mental health and I understand that it is my duty to inform the Practitioner of any changes in my physical or mental health.

I expressly assume all risks of participation in the bodywork that the Practitioner provides, including, but not limited to, risk of medical complications, injury, or death. I expressly waive, release, discharge, and hold harmless the Practitioner, of any and all liability claims and demands, including attorney's fees and costs, as a result of my participation in any activity of any type with the Practitioner, including, but not limited to, body work. Further, I will indemnify and hold the Practitioner, their officers, directors, servants, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

This liability release shall be binding on the assignee, distributors, heirs, next of kin, and administrators of the undersigned and may be pled by the Practitioner as a complete bar and defense against any claim, demand, or cause of action by or on behalf of the undersigned. The foregoing release and waiver of liability is intended to be as broad and inclusive as is permitted by law. In the event of any part thereof is held to be invalid, that part of the release and waiver of the liability, which is not invalid, shall remain in full force and effect.

This agreement shall be governed, construed, and interpreted by, through, and under the laws of the State of Alaska. The provisions of this Agreement are severable, and in the event any provision hereof is determined to be invalid or unenforceable, such invalidity or unenforceability shall not in any way affect the validity or enforceability of the remaining provisions.

All cancellations require 24 hours' notice or the full session fee will be charged. If the appointment can be filled, I will not be charged. If the Practitioner cancels with less than a 24-hour notice, I will receive the make-up session at no cost. Fees are due and payable at the time services are rendered, unless prior arrangements have been made. If I have an illness, injury, or surgery, I will contact the Practitioner so a decision can be made about rescheduling. If I have any questions or concerns about the process or what I am experiencing, I will contact the Practitioner immediately.

I am over 18 years of age or I am a parent or guardian who is over 18 years of age signing on behalf of a minor child and have read the foregoing liability release and understand its terms. I have entered into this agreement free and voluntary, without force or coercion.

_____ (Printed name)

_____ / _____ (Signature / Date)

Consent and Release of Parent or Guardian

I am the parent or guardian of _____ and I consent to my child's participation. I have read and understand the above contract. I consent to the contract and agree that its terms shall be binding on me, my child, my heirs, legal representatives and assignees. I hereby release, defend, indemnify, and hold harmless the releases from every claim and any liability that I or my child may allege I including attorney fees and costs) as a result of my child's involvement with the Practitioner.

_____ / _____ (Signature / Date)