

## ASSISTED-STRETCHING & BODYWORK LIABILITY WAIVER AGREEMENT

I \_\_\_\_\_ (Receiver) understand that Assisted-stretching & Bodywork involves acupressure, trigger point release and passive stretching to soften and lengthen muscles and myofascial tissue thereby increasing circulation and range of motion. This may also be an opportunity for relaxation, stress reduction and relief from muscular pain. However, this is an individual experience and as such Four Hands Wellness therapists makes no guarantees of outcome. There is also a risk of injury and even pain.

My signature acknowledges that I have discussed prior injuries and illnesses with Four Hands Wellness therapists. Furthermore, if I experience any pain or discomfort above a 5 (using a range of 1 as lowest and 10 at highest) I will listen to my body and ask Four Hands Wellness therapists to adjust to the intensity or ask for additional support. This bodywork is not a substitute for medical attention, examination, diagnosis or treatment. There are some contraindications to receiving bodywork and I hereby acknowledge that I have made any concerns known to Four Hands Wellness therapists.

I affirm that I alone am responsible to decide whether to receive bodywork. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Four Hands Wellness therapists. By signing my name below, I acknowledge that participation exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Four Hands Wellness from all liability, negligence or other claims arising from or in any way connected with my participation in receiving bodywork. My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Four Hands Wellness; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature verifies that I am physically fit to participate and a licensed medical doctor has verified my physical condition for participation in receiving bodywork. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating with my doctor's full approval. I realize that I am participating at my own risk.

My signature is binding to this liability waiver from this day forth.

\_\_\_\_\_  
Signature of Receiver \_\_\_\_\_ Date  
\_\_\_\_\_  
Parent or Guardian (if applicable)

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Home  
Address: \_\_\_\_\_