

Informed Consent and Release

Massage, Reiki, Personal Training, Yoga, Self Defense & Personal Transformation Coaching

The objective of Massage, Reiki, Personal Training, Yoga, Self Defense and Personal Transformation Coaching offered through Revitalize Bodywork and its representatives is to help revitalize, balance and support the body on a holistic level. When the body is in better balance and energy is flowing freely throughout it allows the body to better repair itself from daily stresses. Any suggestions, comments, guidelines or information given will reference the energetics of the session only, and support balancing the body energetically.

Our session and/or class does not diagnose, prescribe or treat any known medical condition, and is for educational and informational use only. No claims are made for this session to substitute in any way for medical diagnosis, care, or treatment. This evaluation is not recognized by the FDA or AMA. Neither Revitalize Bodywork, nor its representatives are licensed physicians or surgeons.

The undersigned certifies that they, their agent or parent, are participating in this session voluntarily and accept full responsibility in utilizing the information provided in the session. The undersigned releases, indemnifies and holds Revitalize Bodywork and its representatives harmless from all claims resulting from their voluntary participation in this evaluation and session.

The undersigned will not solicit any of the Revitalize Bodywork representatives to do outside work or transactions, sales or services without the knowledge and written approval of Lorel Stevens. All interactions with Revitalize Bodywork and its representatives will be professional, ethical and moral at all times.

The undersigned does hereby give INFORMED CONSENT for the session, and any private follow-up consultation. The information you share will remain confidential unless it becomes necessary by a court of law summon it.

Please list any medical treatment, recent illnesses, injuries and medications that you are taking (include prescribing MD):

_____ Are you pregnant or do you think you may be pregnant?

_____ Have you ever had a stroke, aneurysm, or seizure of any kind?

_____ Do you have a pacemaker? Or any other plates, rods, screws or implants of any kind in your body?

_____ Do you or have you had cancer? If so, what kind, how long ago and what treatment have/or did you receive?

Signature of Participant _____ **Date** _____

Please print name here

Address/City/State/Zip

Phone Number and Email Address

Revitalize Bodywork

Massage, Reiki, Personal Training, Yoga, Self Defense & Personal Transformation Coaching
Scottsdale * Phoenix

602-418-9906

www.revitalizebodywork.com