

NeuroMuscular Pain and Wellness Center LLC

Client Informed Consent & Liability Waiver

I, _____ (print name), understand that Neuromuscular Therapy, CranioSacral Therapy, and Massage Therapy are provided for the purpose of relaxation, pain relief related to muscle tension, improved range of motion, enhanced circulation, and overall wellness through light touch and soft tissue manipulation.

I understand that, as with any physical or therapeutic treatment, there are inherent risks, including but not limited to minor discomfort, injury, or adverse response. While such risks are rare, they cannot be entirely eliminated. I voluntarily assume full responsibility for any and all risks, injuries, or damages that may occur as a result of receiving services.

The general benefits of Neuromuscular Therapy, CranioSacral Therapy, and Massage Therapy, as well as potential contraindications, have been explained to me. I understand that these services are not a substitute for medical care, diagnosis, or treatment, and that I am encouraged to consult with and continue care under my primary healthcare provider for any medical condition.

I acknowledge that the therapist does not diagnose illness or disease, does not prescribe medication, and does not perform spinal manipulation. I affirm that I have disclosed all known medical conditions, injuries, medications, pregnancies (including post-natal), and post-surgical conditions to my therapist and agree to update this information as changes occur. If I am pregnant, post-natal, or post-surgical, I confirm that I have obtained medical clearance to receive treatment.

I understand that I may stop or request modification of treatment at any time and agree to immediately communicate any pain, discomfort, or concerns during the session.

I agree to abide by all policies of NeuroMuscular Pain and Wellness Center LLC. I hereby release, waive, and discharge NeuroMuscular Pain and Wellness Center LLC, its owners, practitioners, employees, and agents from any and all liability, claims, demands, or causes of action arising out of or related to services received, to the fullest extent permitted by law in the State of Arizona.

I have read and fully understand this agreement. I am signing it voluntarily and acknowledge that my signature constitutes a complete and unconditional release of liability to the extent allowed by law.

Signature: _____

Date: _____