CONSENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), understand that the modalities offered at InTENNtional Wellness, are intended to provide relaxation, reduce stress, promote overall health and well-being. I understand that InTENNtional Wellness does not diagnose conditions, prescribe medication, perform medical treatments of any kind or interfere with the treatment of a licensed medical practitioner or other medical professionals.

\_\_\_\_\_(initial) I understand that InTENNtional Wellness practitioners do not heal but use supportive modalities to assist the body in healing itself.

\_\_\_\_\_(initial) I understand that the services offered at InTENNtional Wellness are not a substitute for medical care or medicine and that I may need to consult my medical practitioner before engaging in energetic therapies.

\_\_\_\_\_(initial) I understand that each session is totally voluntary, and I may choose to end the session at any time.

\_\_\_\_\_(initial) I understand that my safety and care are ultimately my own personal responsibility.

\_\_\_\_\_(initial) I understand that the therapies offered by InTENNtional Wellness can complement the medical care that I may be receiving. I agree that I will inform my practitioner of any significant health changes prior to future appointments.

\_\_\_\_\_(initial) I also understand the body has the ability to heal itself and to do so, complete relaxation is beneficial. I acknowledge that long-term imbalances may sometimes require multiple sessions in order to facilitate the level of relaxation needed for the body to heal itself. I understand that InTENNtional Wellness is providing therapies at my request and are not responsible for the outcome of the session.

\_\_\_\_\_(initial) I understand that some modalities offered use electricity and/or electric fields and/or electro-magnetic fields and should not be used if certain medical history is present including, but not limited to individuals with pacemakers, insulin pumps, or other electrical implants. **Please list any presence of surgically installed devices, or write “DOES NOT APPLY”**

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\_\_\_\_\_(initial) I understand that my practitioner will answer any questions to the best of her ability. I understand that results are not guaranteed. I do not expect my practitioner to be able to anticipate and explain all risks and complications. During the session, I trust my practitioner to use their judgement and make decisions that they believe are in my best interests, considering the information available at that time. With this knowledge, I voluntarily consent to the therapies offered at InTENNtional Wellness, except for: (please list any exceptions below)

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I understand this consent form covers all future sessions at InTENNtional Wellness. I understand that I am free to withdraw my consent and to discontinue participation in these sessions at any time.

Client Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

By signing below, I agree to the following:

**I have completed and understood this form to the best of my ability. I will inform the practitioner of any discomfort I experience during the session allowing for any adjustment required. I accept full responsibility and liability, and agree to hold harmless my InTENNtional Wellness practitioner for any situation that may arise that could be attributed to this or any future healing session.**

Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_