

Wolfe Deep Tissue General Liability Release Form

By signing below, **you agree to the following:**

- I give my permission to receive Wolfe Deep Tissue Therapy.
- I understand that Wolfe Deep Tissue is not a substitute for traditional medical treatment or medications.
- I understand that the Wolfe Deep Tissue therapist does not diagnose illnesses or injuries, or prescribe medications.
- I have clearance from my physician to receive Wolfe Deep Tissue Therapy.
- I understand the symptoms I may experience after Wolfe Deep Tissue Therapy include, but are not limited to:
 - Tenderness and bruising
 - Swelling and inflammation
 - Short-term muscle soreness
- I, therefore release the company and the individual therapist from all liability concerning these symptoms that may occur during the session.
- I understand the importance of informing my therapist of all medical conditions and medications I am taking, and to let the therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that my healing time will depend on my level of health.
- I understand that Wolfe Deep Tissue lovingly goes in and breaks up scar tissue and crystallization that blocks your energy flow.
- I understand that it is my responsibility to inform my therapist of any discomfort I may feel during the session so he/she may adjust accordingly.
- I understand that I or the therapist may end the session at any time.
- I have been given a chance to ask questions about the therapy session and my questions have been answered.

Signature

Date
