Kinesio-taping release form

By signing below, you are consenting to the application of RockTape™ Kinesio-Tape and you understand and agree to the following:

* I am not currently being treated for or have any of the following:

Cancer, Kidney Disease, Congestive Heart Failure, DVT, infections or open wounds on the area being considered for application.

* I attest that I have no known allergies to any of the properties of RockTape™ (cotton, nylon, adhesive).
* I have never used kinesio-tape before and I don’t know if I would have a reaction but I have been offered the option to apply a test strip and come back within 24 with no reaction.
* I have been provided with instructions for safe removal of RockTape™
* The application of RockTape™ is not intended to replace medical treatment for an injury.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_