



Printed Name \_\_\_\_\_

I acknowledge that Sharon Schweizer is a Registered Craniosacral Therapist® and Biodynamic Craniosacral Therapist.

I will be ready/show up on time for my scheduled appointment(s).

I have read and will follow the cancellation policy.\*

I understand that if I am late, my session may be shorter to accommodate other clients' time or may need to be rescheduled.

I understand I may be contacted with updates or news about BioWavz.

I acknowledge that any discussion is not intended as a diagnosis.

I acknowledge that any information collected remains private and confidential.

I understand that BCST is a process that can continue through the next sleep cycle but up to 3 days.

I understand that payment in full is due prior to, or at the time of the session.

I understand the pricing for sessions.

I understand that the sessions are a complementary therapy and not a substitute for medical care where needed.

I have read and understand this form.

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

\*Cancellation policy: BioWavz has a 24 hour cancellation / rescheduling policy. If an appointment is missed, cancelled or changed for any reason with less than 24 hours notice, we reserve the right to charge a fee up to the equivalent of the amount of your session.