



## Client Release Form

I, \_\_\_\_\_, understand that Holistic Health Massage given here is for the purpose of promoting mental and physical relaxation and improving energy.

I understand that Holistic Health Massage is for healthy individuals who are taking responsibility for health maintenance and health enhancement.

I understand that Holistic Health Massage is not a substitute for medical examinations or diagnosis and that it is recommended that I see an accupuncturist, chiropractor, physician or psychotherapist for any physical or mental illness, condition or disease.

I understand that the Holistic Health Pratitioner does not diagnose any physical or mental condition and does not prescribe medical treatment or perform spinal manipulations.

I understand that Holistic Health Massage can release tension on many levels, including release of toxins from muscle tissue as well as emotional release.

I understand that by cancelling less than 24 hours in advance I will be resonsible for full payment for the session.

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner signature \_\_\_\_\_ Date \_\_\_\_\_

*Please check box if you would like to receive occasional Harmony Hands newsletters via email. They will come less than 6 times yearly and inform you of special offers, additions to my training and information that may be useful to your own health and well-being.*

Email address: \_\_\_\_\_