



BowenWork Marin, LLC Agreement regarding Release and Waiver of Liability

I, _____, hereby agree to the following:

I understand that Bowenwork® therapy, EMMETT Technique, Full Wave Breathing, Spinal Flow and Energy Healing are provided for the purposes of pain relief, stress reduction, relief from muscular tension or spasm, facilitation and improvement of circulation, energy and lymphatic flow, and relief from stiff joints. I understand that these therapies are designed to allow the body to heal itself the way it is designed to.

I understand that I will be touched during my Bowenwork® Marin therapy session, and that such touching is entirely therapeutic.

I understand that my Bowenwork® Marin practitioner does not diagnose illness, disease or any physical or mental illness, and that nothing said in the course of the session should be construed as such. Any information provided by my Bowenwork® Marin practitioner is for educational purposes only, and is not diagnostically prescriptive in nature.

I have notified my Bowenwork® Marin practitioner of all personal medical conditions and injuries, and answered honestly all of the questions on the Bowenwork Marin, LLC intake form. I realize it is my sole responsibility at all times to keep my Bowenwork® Marin practitioner updated as to any changes or updates related to my medical condition. I understand there shall be no liability on the part of my Bowenwork® Marin practitioner for my failure to do so.

I take it upon myself to notify or update my Bowenwork® Marin practitioner if I experience any pain or discomfort during my session. Further, I agree to inform my Bowenwork® Marin practitioner of any physical limitations, physical discomfort and/or injuries before or during my Bowenwork® Marin session, and I assume full responsibility for non-disclosure. I will not hold my therapist responsible for any pain or discomfort I experience during or after my Bowenwork® Marin session.

I understand that everyone responds differently to Bowenwork® therapy, EMMETT Technique, Full Wave Breathing, Spinal Flow, MSTR Scar Work and Energy Healing in their own time and according to their own body's ability to heal. I agree to actively participate as much as possible in my own healing and wellbeing. Notwithstanding the foregoing, there shall be no liability on the part of my Bowenwork® Marin practitioner or Bowenwork Marin, LLC should any Bowenwork® Marin session fail to meet my expectations.

I have read and understand this policy statement and agree to its terms. By signing this release, I hereby knowingly, voluntary and expressly waive any claims I have or may have against my Bowenwork® Marin practitioner or Bowenwork Marin, LLC, for any injury or damages that I may sustain as a result of my participation in Bowenwork® therapy, EMMETT Technique, Full Wave Breathing, Spinal Flow, MSTR Scar Work and Energy Healing, and I release my Bowenwork® Marin practitioner and Bowenwork Marin, LLC from all liability, past, present and future relating to my Bowenwork® Marin session.

Client Signature: _____ Date: _____

Bowenwork® Marin Practitioner Signature: _____ Date: _____