



Wolfe Non-Surgical (WNS) Deep Tissue Therapy Treatment General Liability Release Form

By signing below, you agree to the following:

- I give my permission to receive WNS Deep Tissue Therapy Treatment.
- I understand that WNS Deep Tissue Therapy Treatment is not a substitute for traditional medical treatment or medications.
- I understand that the practitioner does not diagnose illnesses or injuries or prescribe medications.
- I have clearance from my physician to receive WNS Deep Tissue Therapy Treatment.
- I understand the symptoms I may experience after WNS Deep Tissue Therapy Treatment can include but are not limited to:
 1. Tenderness & Bruising
 2. Swelling & Inflammation
 3. Short-Term Muscle Soreness
- I therefore, release Total Body Restoration and the practitioner from all liability concerning these symptoms that may occur during and or after the treatment session.
- I understand the importance of informing the practitioner of all medical conditions and medications I am taking and to let the practitioner know of any changes. I understand that there could be additional risks based on my physical condition.
- I understand that my healing and recovery time greatly depends on my level of health and or following the recommendations and suggestions offered by the practitioner.
- I understand that WNS Deep Tissue Therapy Treatment lovingly goes in and breaks up scar tissue, calcification and crystallization that block energy, blood and lymph flow to areas of the body.
- I understand that it is my responsibility to inform the practitioner of any pain I may feel during the treatment session so they may adjust accordingly.
- I understand that I or the practitioner may end the treatment session at any time.
- I have been given an opportunity to ask questions about the treatment session and my questions have been answered or will be within a reasonable amount of time.

Client Signature

Practitioner Signature

Date
