

SHIATSU RELEASE FORM

I, _____ (client) understand that Shiatsu Therapy provided by Lucy Marsh, Shiatsu Practitioner, is intended to enhance relaxation, provide balance to the energetic system of the body (meridians) for the promotion, maintenance, and/or restoration of health to the body, mind, emotions, and spirit.

I understand that Shiatsu Treatment is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Primary Care Physician for any condition I may have. I understand that the Shiatsu Practitioner does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of Shiatsu Therapy.

I have informed the Shiatsu Practitioner of all my known physical conditions, medical conditions and medications, and I will keep the Shiatsu Practitioner updated on any changes.

I, the undersigner, acknowledge that I am aware of the inherent risks involved in such participation, and that there is no assurance of the outcome of such program/session , and that my actions shall not replace my physician's instructions for my health. I hereby waive any and all claims from any liability, damages and/or injuries I may have now or hereafter, against Lucy Marsh, Shiatsu Practitioner.

Signature: _____ Date: _____