

## Consent to Receive Treatment

As a trained, certified, and licensed professional and owner of Ricochet Body Solutions, my goal is to help you feel better and to reach your highest potential state of well-being. To help you fully benefit from my services, I request your agreement with the following policies:

### Bodywork Consent

1. You have provided the therapist with your medical history, including injuries, illnesses, surgeries, allergies, medications and nutritional supplements, to help rule out any potentially harmful side effects, cautions or contraindications, and adjust the bodywork session to your particular needs. You agree to update this information as necessary at each visit.
2. Bodywork may include massage therapy, cupping therapy, Gua sha, other handheld massage tools, and energetic bodywork. Information has been provided to you about massage, cupping, Gua sha, and energetic therapies. If you choose to experience these therapies during treatments, you understand the potential effects and after-care recommendations.
3. Bodywork does not include diagnosis of any physical or mental illness, disease, disorder, injury or condition; nor prescription of medical treatment or medications; nor joint or spinal manipulations. See your primary care physician or a specialist for a diagnosis.
4. Bodywork is not a substitute for medical examination, diagnosis or treatment; we recommend that you see a Primary Care Provider for such services.
5. Bodywork is not a sexual service. Any sexually-oriented or suggestive actions or words will be considered inappropriate, will result in immediate termination of the session with no refund or credit, and a police report will be filed for sexual harassment.
6. Bodywork is for the well-being of your body and mind, including relief from muscle tension, spasm, or pain; stress reduction, and relaxation. You agree to inform your therapist if you experience any physical discomfort, pain or draping issues so that adjustments in pressure or technique can be made.
7. You agree to follow the therapist's recommendations for self care, including but not limited to: additional treatment, work, exercise, rest, recreation, warm/cold applications, water intake, limb elevation and/or stretching. (If the therapist's recommendations conflict with your doctor's or PT's instructions, follow the doctor's/PT's orders; your therapist will consult with them as necessary.)

### Cupping Therapy and Gua Sha Consent

1. It has been explained to you that there are contraindications for Cupping Therapy and Gua sha. You have fully disclosed all health factors to your therapist, including those not mentioned on your Confidential Health Summary Intake Form, to avoid any complications.
2. It has been explained to you that there is the possibility of discolorations called sha or petechiae that can occur from the release and clearing of stagnation and toxins from your body. You also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors, old stagnation, and toxins being drawn to the surface to be cleared away by your circulatory systems. You further understand that the discolorations will dissipate from within a few hours to as long as 2 weeks in some cases and in relation to your after-care activities.
3. You understand that Cupping Therapy and Gua sha modalities should not be combined with aggressive exfoliation, 4 hours after shaving, after sunburn, or when you're hungry or thirsty.
4. You understand that you should avoid excessive exposure to extreme cold, wet, and/or windy weather conditions, very hot showers, baths, saunas, hot tubs, and aggressive exercise for 24 hours. It has been explained to you that exposure to such extremes can produce undesirable effects and you should avoid and/or limit such situations.
5. You understand that you should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and you should consume an abundance of clean water.

### Energetic Bodywork Consent

1. Energetic bodywork may be included in your bodywork session by the use of energy pulls and/or body processes with or without contact with your body. It may feel subtle, warm, cool, tingly, like a vibration, or you may not feel anything.
2. The purpose of energetic bodywork is to effect change in your body. Change may be physical, mental, or emotional.
3. You understand that choosing to receive energetic bodywork in your session is voluntary.

### Chair Massage Consent

1. You are physically capable of getting on and off the massage chair safely.
2. You do not have any injuries or conditions that should prevent you from receiving massage therapy and have not been told by a physician that you should not receive massage therapy.
3. You understand that massage therapy is not a substitute for medical care.
4. You will be truthful with your therapist about any and all medical conditions you may have.
5. You will report any discomfort or pain to your therapist during the massage.
6. You understand that massage is for relaxation and therapeutic purposes only.
7. You understand that any inappropriate behavior will result in refusal of service.
8. You release your therapist and the associated business from all liability concerning any injury or damages that may occur during or after your massage.

You agree to receive bodywork, cupping therapy, gua sha, energetic bodywork, and/or chair massage at your own risk and agree to hold free the therapist, Rachel Climer, LMT, CCT, BF, EOLD from any claims, demands or actions including, but not limited to, claims for personal injury arising from your participation in treatment.

Your cooperation is essential to a successful therapeutic program. If you do not understand any of the above consents, please ask me now, so that I can clarify before you begin treatment. I appreciate the opportunity to help you and welcome your suggestions as to how I may improve my service to you.