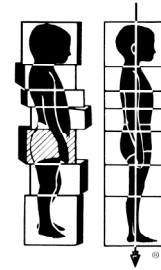


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**Application and Consent for Rolfing® Structural Integration**

I hereby apply for a standard series of processing in Rolfing® Structural Integration.

I fully understand that the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement is achieved.

I understand Rolfing is not involved with the treatment of disease of any kind nor does it substitute for medical diagnosis or treatment when such attention is needed.

The Rolfing practitioner does not diagnose, treat nor prescribe for illness, disease or any other physical or mental disorder of the person. Nothing said or done by the Rolfing practitioner should be misconstrued to be such.

I understand it is necessary for the Rolfing practitioner to touch my body in order to assist me in establishing balance and alignment in my body.

I give \_\_\_\_\_ my permission and consent to do all those things necessary and proper in helping me establish balance and alignment including, but not limited to, touching my body. I give the Rolfing practitioner full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfing Structural Integration.

\*\*I agree to take responsibility to keep all of my appointments and to be on time.

I further agree to pay in full for any sessions not cancelled within 24 hours in advance. \_\_\_\_\_

Name \_\_\_\_\_ Witness (minor) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

® The word *Rolfing* is a Service Mark of the Rolf Institute of Structural Integration.