

Client Liability Waiver Form

Medical Qigong & Body Work Services

_____ I give full consent and permission to receive nutrition/supplement recommendation, body work, and medical qigong energy work.

_____ If I experience pain or discomfort during the session, I will immediately inform my practitioner so that they will make adjustments to my level of comfort. I will not hold my practitioner responsible for any pain or discomfort I experience during or after the session.

_____ I understand that the risks associated with body work include, but are not limited to: superficial bruising, short-term muscle soreness, exacerbation of undiscovered injury. I therefore release the company and the individual practitioner from all liability concerning these injuries that may occur during the treatment session.

_____ I understand that the services offered today are not a substitute for medical care. If there is an emergency to my health, I will seek medical attention right away.

_____ I understand that my practitioners is not qualified to diagnose medications, prescribe or treat physical or mental illness. My practitioner is however able to offer advice to better my well being.

_____ I affirm that I have notified my practitioner of all known medical conditions, injuries and medications I am taking. I understand that there may be additional risks based on my physical condition.

_____ I agree to inform the practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the practitioner's part should I forget to do so.

_____ I understand that energy work and body work is entirely therapeutic and non-sexual in nature.

_____ I have clearance from my medical physician to receive body work, and medical qigong therapy.

_____ I understand that I or the practitioner may terminate the treatment session at any time.

_____ I have been given a chance to ask questions about the treatment session and my questions have been answered.

_____ I understand that because some of the services provided by Universal Self Attunement may involve physical touch and/or close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form I acknowledge that I am aware of the risks involved and give consent to receive treatments provided by Universal Self Attunement.

_____ I have also been made aware that the practitioner is not vaccinated for COVID-19 due to personal health reasons. I give consent to receive treatments by the practitioner and release the individual practitioner from all liability concerning risk of disease transmission.

_____ I have been informed that facial coverings are not required, although I may do so if necessary.

_____ I understand that should I cancel an appointment less than 72 hours (3 days) before the scheduled time or "no show" an appointment, I am subject to a fee equal to the cost of thee missed appointment. If there is no money taken proir to the therapy session the practitioner has the right to refuse future services due to absence.

Client name: _____

Date: _____

Client Signature: _____

Practitioner Signature _____