

## CLIENT WAIVER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

History/Surgeries/Medications:

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Expectations of Visit (Your Goals):

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Preferred Contact number:

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Email (used to send your routine):

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### Waiver and Release:

Posture therapy is not an exact science and results cannot be guaranteed. By signing this document, I acknowledge that no guarantee of results has been or can be given.

All exercise presents some degree of risk or injury. By signing this document, I hereby release and discharge \_\_\_\_\_ from any and all liability to me, my personal representatives, assigns, heirs, and next of kin for any claims of injury or damage allegedly caused by my posture therapy or allegedly caused by defects in the equipment or premises used for my exercise therapy.

### Agreement:

By signing this document, I agree to the following terms:

1. Payment is required before each session, and I agree to cancel at least 24 hours before my appointment, or otherwise be charged the full session rate. 2. I understand that it is my responsibility to do the exercises prescribed at home on a daily basis for the most benefit. 3. I expect my therapist to provide or email my routines in a timely fashion, within the next business day. 4. I further expect timely follow up regarding any questions I may have about the session or the exercises I am expected to do.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_