



BowenWork Marin, LLC
Agreement regarding Release and Waiver of Liability

I, _____, hereby agree to the following:

I understand that Bowenwork® therapy is provided for the purposes of pain relief, stress reduction, relief from muscular tension or spasm, facilitation and improvement of circulation, energy and lymphatic flow, and relief from stiff joints. I understand that Bowenwork® therapy is designed to allow the body to heal itself the way it is designed to.

I understand that I will be touched during my Bowenwork® therapy session, and that such touching is entirely therapeutic.

I understand that my Bowenwork® practitioner does not diagnose illness, disease or any physical or mental illness, and that nothing said in the course of the session should be construed as such. Any information provided by my Bowenwork® practitioner is for educational purposes only, and is not diagnostically prescriptive in nature.

I have notified my Bowenwork® practitioner of all personal medical conditions and injuries, and answered honestly all of the questions on the Bowenwork Marin, LLC intake form. I realize it is my sole responsibility at all times to keep my Bowenwork® practitioner updated as to any changes or updates related to my medical condition. I understand there shall be no liability on the part of my Bowenwork® practitioner for my failure to do so.

I take it upon myself to notify or update my Bowenwork® practitioner if I experience any pain or discomfort during my session. Further, I agree to inform my Bowenwork® practitioner of any physical limitations, physical discomfort and/or injuries before or during my Bowenwork® session, and I assume full responsibility for non-disclosure. I will not hold my therapist responsible for any pain or discomfort I experience during or after my Bowenwork® session.

I understand that everyone responds differently to Bowenwork® therapy, in their own time and according to their own body's ability to heal. I agree to actively participate as much as possible in my own healing and wellbeing. Notwithstanding the foregoing, there shall be no liability on the part of my Bowenwork® practitioner or Bowenwork Marin, LLC should any Bowenwork® session fail to meet my expectations.

I have read and understand this policy statement and agree to its terms. By signing this release, I hereby knowingly, voluntary and expressly waive any claims I have or may have against my Bowenwork® practitioner or Bowenwork Marin, LLC, for any injury or damages that I may sustain as a result of my participation in Bowenwork® therapy, and I release my Bowenwork® practitioner and Bowenwork Marin, LLC from all liability, past, present and future relating to my Bowenwork® session.

Client Signature: _____ Date: _____

Bowenwork® Practitioner Signature: _____ Date: _____