



KATE HUGHES ROLFING
160 E 12th Street Suite 2 Durango, CO 81301
208.863.3023 katehughesrolfyoga.com

POLICIES AND CONSENT FORM

- **All cancellations require 24 hour notice or the full session fee will apply. Exceptions to this policy will only be made in the case of sudden onset illness (of you or a family member in your care). If you feel ill the day of your session, please contact me to reschedule your appointment.**
 - **Payment is due in full at each session unless prior arrangements have been made.**
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Application and Informed Consent

I hereby apply for a standard session of Rolfing Structural Integration or yoga instruction and certify that the information indicated in the completed health form is true and accurate to the best of my knowledge.

I fully understand the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity. This is done through direct manual manipulation, movement exercises and education so that greater economy and freedom of body movement are achieved.

I understand Rolfing and/or Somatics are not involved with the treatment of disease of any kind, nor do they substitute for medical diagnosis or treatment when such attention is needed. The Rolfer/ Somatic Educator does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer/Somatic Educator should be misconstrued as such.

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

I give my Certified Advanced Rolfer and Somatic Educator, Kate Hughes, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer/Somatic Educator full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

All records maintained by the Rolfer/Somatic Educator regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

Printed Name _____

Signature _____

Date _____