

**Informed Consent for Massage Therapy and Yoga Classes and Assumption of Responsibility**

I understand that the session/s I receive/participate is provided for the basic purpose of self-exploration and general peace of body/mind but does not guarantee these. Body work may release long-held tension and sometimes moves energy and bodily systems requiring me to be gentle with myself for the next day, or so. I recognize that I am responsible for my own physical, psychological, and spiritual well-being.

I agree to take care of myself and to inform the associates of INWS if there are any conditions requiring immediate assistance.

If additional assistance is needed, I agree to set up a support system that honors myself.

We keep sessions confidential except when we have a duty to protect or warn.

Because sessions should not be performed under certain medical/psychological conditions, I affirm that I have stated all my known conditions and answered all questions honestly. I agree to keep INWIS updated as to any changes in my information profile and understand there shall be no liability on INWS or its associate's part should I fail to do so.

By signing, I am agreeing to hold INWS and its associates harmless in regards to any condition resulting from my participation with sessions.

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

By signing, I consent to energetic connection and physical manipulation: \_\_\_\_\_

Emergency Contact and Mobile phone number and/or email address: \_\_\_\_\_

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