



APPLICATION & CONSENT FOR ROLFING® STRUCTURAL INTEGRATION

I hereby apply for a standard series of processing in Rolfing Structural Integration and certify that all the information on my intake 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 in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement are achieved.

I understand that Rolfing is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. I understand that the Rolfer™ does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder. Nothing said or done by a Rolfer should be misconstrued to be 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, **Mark Read-Smith, Certified Rolfer™**, 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 full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

Furthermore, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfing®.

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

Signature _____

Date _____