Important Policies

- All Cancelations require 24 hours notice or the full session fee will be charged.

- If you have an illness, contact your Rolfer to reschedule.

- Payment in cash or a check is due in full at each session unless prior arrangements have been made.

- Please advise your Rolfer if you need a receipt.

- If you have any questions or concerns about your Rolfing process or what you are experiencing, please contact us.

Application and Consent

I hereby apply for a standard session of Rolfing Structural Integration and certify that the above information indicated in the 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 maintained by gravity and supports the nervous system. This is done through direct manual manipulation, light touch work and client education so that greater economy and freedom of body movement and a sense of connection and wellbeing are achieved.

I understand 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. The Rolfer does not treat, prescribe or diagnose any illness, disease, or any other physical or mental disorder of the person. 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 my Certified Advanced Rolfer, Michael Polon, my permission and consent to do those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer 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 regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

_____

Client's signature and Date