

## CLIENT CONSENT for Collection of Personal Information, Services and WAIVER of Liability & HEALTH HISTORY

Name(print)\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

Emergency Contact(Name)\_\_\_\_\_ (Mobile)\_\_\_\_\_

I am considered by law to be an adult. I have reached the age of majority (19 years): Yes ☐ No ☐

I, (signature)\_\_\_\_\_ on (date)\_\_\_\_\_

certify that I am presenting myself here and under my true legal name, address, and emergency contact information in order to receive one-on-one Therapeutic Touch session(s) for myself only, or for a dependant of whom I am the parent, legal guardian or power of attorney.

### CONSENT to Collect and Maintain PERSONAL INFORMATION

I, hereby acknowledge and allow Raincoast Elemental Wellness and Consulting Inc. to collect and maintain a file of personal information and information gathered during our session(s) for the sole purpose of evaluating and supporting my health and wellness. This personal information includes but is not limited to a health history and emergency contact number. This information will only be shared with my written authorization.

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

### CONSENT for SERVICE

I acknowledge and understand that Raincoast Elemental Wellness and Consulting Inc. provides holistic **Therapeutic Touch** sessions for the purpose of enhancing relaxation. These sessions are complementary too, and do not replace, the treatment and/or therapy prescribed by a licensed medical professional.

**Therapeutic Touch** is a non-invasive technique where the practitioner centres their own energy and then using either no touch (in person or distance) or light touch (in person only) proceeds to assess, smooth out, clear, align, balance, and/or energize a client's energy field. The client remains fully dressed.

- I agree to the use of light touch (in person sessions). Yes ☐ No ☐ Initial for consent\_\_\_\_\_

I acknowledge and understand when the physical body begins to relax, the by-products of stress begin to be released. As we are all unique individuals, this release can be felt in many different ways. During a release, sensations or emotions are often felt. Common sensations can include but are not exclusive too feeling cold or hot, energized or mellow, nauseous, and in some cases nothing at all. Emotions can include but are not exclusive to sadness, anger, frustration, or impatience.

I acknowledge and understand at the end of the session and for the next few days, I need to increase my water intake as water is required to both break down and to flush the by-products of stress.

I acknowledge and understand that **Therapeutic Touch** has **no contraindications**.

I agree and allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner, domiciled in Canada and falling under the laws and jurisdiction of Canada, to provide the service of **Therapeutic Touch**.

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

### WAIVER of LIABILITY

By signing below I acknowledge, understand and agree:

- Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner do not diagnose, prescribe medications or supplements, and/or provide treatment for specific conditions. The practitioner is not a licensed medical professional.
- the sessions provided by Raincoast Elemental Wellness and Consulting Inc. are intended to promote relaxation and an overall sense of well-being.
- Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner will never ask me to change or stop any allopathic prescription medications.
- to seek medical attention if told to do so by Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner.

- it is my responsibility to notify Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner of any changes to my health including by not exclusive to changes to medications and/or supplements as well as new diagnoses, treatments and/or hospitalizations and/or traumas. I acknowledge and understand there shall be no liability on the part of Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner should I forget or neglect to do so.
- If I experience any unwanted pain or discomfort which could be mental, physical or emotional during the session, I will immediately inform the Raincoast Elemental Wellness and Consulting Inc. practitioner and the session will be stopped. Once stopped I will decide on my level of comfort with a modified session or whether the session should be terminated. I am responsible for my own well-being and will not hold Raincoast Elemental Wellness and Consulting and/or its practitioner responsible for any pain or discomfort during or after the session.
- there are no guarantees as to the results from a single session or multiple sessions.
- Raincoast Elemental Wellness and Consulting Inc. reserves the right to refuse to provide a session or discontinue a session for any reason at any time. Under these circumstances no fee shall be charged.
- if I am late, the overall session length will be shorted as the appointment time is considered to be the start time of the session.
- sessions will be paid at the time of service.
- I may discontinue a session or sessions at any time.
- if a session has been physically started and I discontinue the session within the first 1/3 of the designated session length, one half of the service fee for the scheduled service will be charged. If I discontinue a session after the completion of the first 1/3 of the designated session length, the full fee will be charged.
- any pre-paid sessions which cannot be honoured by Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner will be reimbursed at the rate they were purchased. Any pre-paid sessions which I cannot utilize will be reimbursed at the rate they were purchased.

By signing the below, I also hereby waive and release Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner from any and all liability, past, present and future relating to any sessions received.

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

## HEALTH HISTORY

Name of client (please print):\_\_\_\_\_

Occupation\_\_\_\_\_ Age\_\_\_\_\_

How are you feeling right now?:\_\_\_\_\_

Reason for the session:\_\_\_\_\_

Blood pressure:      normal ☐      high ☐      low ☐      irregular ☐      Also choose: treated ☐      untreated ☐

Disease, Injury, Trauma: \_\_\_\_\_

Medications, Supplements:\_\_\_\_\_

Allergy to Medications: \_\_\_\_\_

Physical Activity:      Hours per week\_\_\_\_\_      Water Consumption:      Glasses per day\_\_\_\_\_

Anything else you would like to add that you feel may be relevant:\_\_\_\_\_

I, the undersigned, have been both truthful and thorough in my responses and I am responsible for providing updates to the information at the beginning of each session. Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner shall not be held liable should I forget or neglect to provide pertinent information regarding my health.

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

### Following the Session

- I would like to receive a follow up email      Yes ☐      No ☐ ;  
I would like to receive a Monthly Newsletter      Yes ☐      No ☐ (Should I choose Yes, I can unsubscribe at anytime)

Email\_\_\_\_\_