



Myofascial Release Consent Form

Consent for Myofascial Release Session from Free to Move to Move Therapy, LLC with specialty in Myofascial Release.

I _____ have received information and understand that John Barne's Myofascial Release (MFR) is a safe and very effective hands-on technique that involves applying gentle sustained pressure into the myofascial connective tissue restrictions to eliminate pain and restore motion. This myofascial release session is not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical care I have I may be advised to seek by them.

Contraindications/Precautions for Myofascial Release include malignancy, cellulitis, fever, infection, anticoagulant therapy, advanced diabetes, advanced degenerative changes, healing fracture, open wounds, blood clots, aneurysm, and sutures. I agree that I have reviewed this list and do not have any of these issues.

I understand that myofascial release may initially cause a flare-up or discomfort. I may also experience emotional releases, which are a natural response to MFR. I understand that I have the right to ask the therapist to lighten or change her level of pressure, and I can request she stop at any time during the session. I understand increasing my water intake is very beneficial following MFR, and I agree I am not under a prescribed fluid restriction.

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by State or federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Nancy Krumm Richardson, Member, Free to Move Therapy, LLC from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding my therapist's background, and what I might expect from this session.

I give my consent to receive Myofascial Release from Free to Move Therapy, LLC, specializing in Myofascial Release.

Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____