

TAHOE HEALTH TOUCH
Rosemary Manning, M.A., C.M.P., M.H.
3121 Harrison Ave.
P.O. Box 13855
South Lake Tahoe, CA 96151
(530) 541-6565
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CLIENT AGREEMENT FORM

I, _____, understand that Rosemary Manning is a practitioner with a mind-body approach, using techniques including, but not limited to Emotional Freedom Technique, progressive relaxation, Reiki, emwave and other health related and stress reduction protocols. I understand that Rosemary is not a licensed physician and that any service I receive is not a replacement for medical care. Rosemary does not diagnose, treat or otherwise prescribe, nor does she perform any act that would constitute the practice of medicine. I understand that Rosemary carries professional liability and all of my sessions are kept confidential.

I further understand that I am in total charge of my experience with the methods and processes as explained to me by Rosemary. If anything should feel uncomfortable, I will say so. I am participating in this session to better appreciate my own unique process. Any mental, emotional, spiritual or physical change I may experience is a result of my own ability to learn, grow, reeducate and heal myself.

I understand that as a California licensed Certified Massage Practitioner, Rosemary can legally use appropriate touch with me within her scope of practice. Should I want to review Rosemary's training, that information will be made available to me.

I agree to fully release, indemnify, hold harmless and defend Rosemary Manning and Tahoe Health Touch from and against any and all claims or liability which I may have for any loss, damage or injury of any kind or nature whatsoever arising out of or in connection with using any of the protocols that I learn from or use with Rosemary.

My signature indicates I am over the age of 18 years old that I understand and agree to the above conditions.

signature

date