

Thai Bodywork Agreement Release and Waiver of Liability

Please read the following statements and sign the bottom of the form.

1. That I am receiving professional traditional Thai Bodywork, offered by Carly Gibson, during which I will receive a therapeutic service. I recognize that Thai Bodywork may require physical movements, which may cause physical injury, bruising, or soreness and I am fully aware of the risks and hazards involved.
2. I understand it is my personal responsibility to consult with a physician prior to my participation in Thai Bodywork. I represent and warrant that I am physically fit and that I have no medical condition which would prevent receiving such Bodywork.
3. In consideration of being permitted to receive Thai Bodywork, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of receiving Thai Bodywork.
4. In further consideration of being permitted to receive Thai Bodywork, I knowingly & voluntarily waive any claim I may have against Carly Gibson or Ashtanga Yoga Atlanta at which the service is held, for injury or damages that I may sustain from participating in the Thai Bodywork sessions.

5. I acknowledge that this is purely professional Thai Bodywork service in which I and Carly Gibson will both be **FULLY CLOTHED**. For hygienic purposes, I understand I must be bathed and fully dressed prior to arrival for session. I also agree to NOT use strong fragrances, perfumes, or lotions/body products before session.
6. I understand that for the most comfortable experience for both Client and Carly, I agree to wear a comfortable full covering **T-SHIRT** (long or short sleeved), **LONG PANTS** (such as yoga/exercise pants), and **LONG TUBE SOCKS** (for more comfort for ankle and foot holds). I understand that all clothing items must be **CLEAN**.
7. I respect and fully understand that receiving Thai Bodywork is entirely therapeutic and **non-sexual**. I understand and respect that **any sexual advance or suggestion, physical or verbal, will not be tolerated and the session will immediately be terminated with expectation of full payment**.
8. I understand that therapeutic Thai Bodywork is not a substitute for traditional medical treatment or medications, and I understand that Thai Body Work does not diagnose illnesses or injuries or prescribe medications.
9. I understand the importance of informing Carly of all medical conditions and medications I am taking, and to let her know about any changes to these. I understand that there may be additional risks based on my physical condition.

10. I understand that **it is my responsibility to inform Carly of ANY discomfort** I may feel during the session so that she may adjust the session accordingly. Failure to do so will waive any liability on behalf of Carly Gibson.
11. I understand that it is best if I **do not eat** a big meal two-three hours before session, as Thai Bodywork is most comfortable and effective done in between meals when the body is not digesting food. However, I understand that if I have low blood sugar/diabetes, I might consider eating a light snack an hour or so before session if needed to maintain sugar levels.
12. I understand that I must be well **hydrated** prior to session, and to be sure to continue to hydrate **AFTER** the session for the best results.

CANCELLATION POLICY:

I respect and understand that Carly requires session(s) to be paid in full upon booking in order to secure session slot(s).

If I must cancel due to emergency or illness, I respect and understand that I must give **at least 24 hours advance notice to be eligible for a reschedule**. This is out of respect and understanding for Carly's schedule and how she makes a living. **Failure to do so will result in paying for bodywork session in full without a refund or reschedule.** If in the rare occurrence that an emergency or illness does occur day of session and is absolutely outside of my control, I understand Carly can reschedule session at her discretion.

13. I understand that If Carly must cancel due to emergency or illness, I will be notified immediately, and session will be rescheduled.
14. Out of respect and the health of Carly Gibson, her co-workers, and her other clients, I understand and respect that I must not bring any contagious sickness symptoms into the session space.
15. I understand that I am expected to be on time. Any time missed because of being late will still be counted towards the visit. Should the session start late by fault of Carly, I am still entitled to entirety of my session.

By signing below, I agree to have read and answered the Client Intake form and have received answers to all questions I may have. I, my heirs, or legal representatives, forever release, waive, discharge and covenant against negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

CLIENT'S SIGNATURE:

DATE: _____