



TP MyoTherapy

MYOFASCIAL TRIGGER POINT THERAPY FOR PAIN MANAGEMENT

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Oconto Falls, WI 54154

Waiver Form

- *I understand that Myofascial Trigger Point Therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.*
- *If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.*
- *I affirm that I have notified my therapist of all known medical conditions and injuries.*
- *I agree to inform the therapist of any changed in my health and medical conditions. I understand that there shall be no liability on the therapist's part should I forget to do so.*
- *I understand that Myofascial Trigger Point Therapy is therapeutic and non-sexual in nature.*
- *By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to Myofascial Trigger Point Therapy and bodywork.*

I have read the statement above and agree to all the policies.

Client Signature _____ Date _____