

MP3- Therapy & Training

Informed Consent

I desire to engage voluntarily in Fascial Stretch Therapy (FST) & NeuroKinetic Therapy (NKT) in order to attempt to improve my physical fitness performance, and/or reduce muscular pain and inflammation. I understand that the purpose of FST & NKT is to develop and maintain overall wellness, flexibility, joint mobility, and decrease stress. I understand that I am responsible for monitoring my own condition throughout the session. Should any pain occur, I will inform the therapist. I have the option to terminate the session at any time.

In signing this consent form, I affirm that I have read this form in its entirety, and I understand the nature of FST & NKT. I also affirm that my questions regarding the program have been answered to my satisfaction. Also, in consideration for being allowed to participate in FST & NKT, I agree to assume the risk of such therapy. Intensive stretching, including FST and Yoga have inherent risks, and by signing this form, I assume the full responsibility for taking such risks.

I further agree to hold harmless MP3-Therapy & Training, it's employees and agents from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the sessions.

NAME (Print) _____

SIGNATURE _____

DATE _____