



Where the only side effect is wellness

## LYMPHATIC THERAPY DISCLAIMER

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Referred by \_\_\_\_\_

**Reason for seeking Lymphatic Therapy?** \_\_\_\_\_

Do you have Breasts Implants? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you pregnant? YES \_\_\_ NO \_\_\_

Have you had Botox injections? YES \_\_\_\_\_ NO \_\_\_\_\_ Do you have a Pacemaker? YES \_\_\_ NO \_\_\_

### CLIENT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

All clients are required to agree to the following Release and Liability Waiver which is effective for all visits.

I understand that Lymphatic Therapy is for improving lymphatic flow and circulation. I understand Lymphatic Therapy is within the parameters of a natural health and wellness philosophy and that it is my responsibility to keep my lymphatic practitioner informed of any changes in my health and of any medications I may take in the future. Lymphatic Therapy will not replace conventional medical diagnosis or treatment. I release The Wellness Centre of Baton Rouge, its owners and practitioners, from all legal liability during my participation in any and all therapy's. I assume sole responsibility for my own health and for the results of any sessions provided by The Wellness Centre of Baton Rouge. I also understand that lymphatic therapy is not a substitute for medical treatment and that I should see a doctor/health care provider for diagnosis and treatment for any suspected medical problem.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### If under the age of 18:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_