



Rolfing Solutions LLC
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Important Policies

- All Cancellations require 24 hours notice or the full session fee will be charged.
- If you have an illness, contact your Rolfer/Yoga Instructor so a decision can be made about rescheduling.
- Payment in cash or a check is due in full at each session unless prior arrangements have been made.
- Please advise your Rolfer/Yoga Instructor if you need a receipt.
- If you have any questions or concerns about your Rolfing or Yoga process or what you are experiencing, please contact us.

Application and Consent

I hereby apply for a standard session of Rolfing Structural Integration or private yoga instruction and certify that the above information indicated in the health form is true and accurate to the best of my knowledge.

I fully understand the purpose of Rolfing and/or Yoga is to balance and align the physical body so that it is supported and maintained by gravity. This is done through direct manual manipulation, movement exercises and education so that greater economy and freedom of body movement are achieved.

I understand Rolfing and/or Yoga are not involved with the treatment of disease of any kind, nor do they substitute for medical diagnosis or treatment when such attention is needed. The Rolfer/ Yoga instructor does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer/Yoga Instructor should be misconstrued to be such.

I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body.

I give my Certified Rolfer and Yoga Instructor, Allison Benner, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer/Yoga Instructor full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

All records maintained by the Rolfer/Yoga Instructor regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

Client's signature

Date