



APPLICATION AND CONSENT FOR SOMASSAGE®

I am choosing to have a SOMASSAGE®. I understand that the intent is to improve the functioning of my body and mobilize the energy; however, the work is not intended as a substitute for medical care.

I recognize that the process of this treatment necessitates that my body be touched, and I give permission to Ben Dorfman to touch my body. The intent of this touch is therapeutic and non-sexual. This consent form will apply to all Somassage® treatments, from this date forward, unless revoked in writing.

I understand that I am responsible to wear an undergarment or shorts on my lower body and that if female, also a tube top or sports bra to cover my chest. If male, I will be bare chested, unless I request to be covered. I also understand that I will be seen standing and walking in this attire as part of the Somassage® assessment.

I agree to be on time for my appointments and to accept financial responsibility for any appointments missed or cancelled without 24 hours' notice. I understand that late cancellation or no-show policy is the full price of the treatment - \$165.

I have read the above statements and consent to treatment.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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