

## **Client Agreement**

### **TERMS OF SERVICE**

Practitioner reserves the right to change these Terms of Service and pricing at any time and will publish current terms on the business website: [www.theworkingbodyak.com](http://www.theworkingbodyak.com).

#### **Description of Service:**

The purpose of Structural Integration is to balance and align the body so that it is supported by gravity and moves with greater ease and freedom. This is done through direct manipulation and education.

Structural Integration is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The practitioner does not treat, prescribe or diagnose any illness, disease or any other physical or mental disorder of the person. Nothing said or done by the practitioner should be construed to be such.

#### **Boundaries and Respect**

The practitioner strives to maintain a safe environment free of discrimination or harassment of any kind. Healthy, respectful boundaries are taken seriously in this practice. Either party has the right to terminate a session or series at any time without explanation.

#### **Confidentiality**

All client records, observations, notes, photographs, recordings, personal information and conversations are completely confidential. No client information will be disclosed without prior, written consent.

#### **Health Protocols**

Practitioner: The practitioner will wash hands thoroughly before and after each session and maintain a clean and sanitized work area, including air filtration. The practitioner will not work while sick or experiencing any symptoms of possible sickness. Clients will be notified if practitioner contracts COVID-19 or other contagious illness within a week after their session. The Practitioner may wear a mask and/or gloves throughout the session at their own discretion or Client's request.

Client: Client must keep Practitioner informed of any changes to their health prior to the session. If you're considered medically high-risk, please discuss your needs with the practitioner. Clients are encouraged and welcome to wear a clean mask covering mouth and nose for the entire session. If you feel ANY symptoms (COVID-19 or otherwise) that indicate you might be unwell, stay home and contact Practitioner for complimentary reschedule. If you have recently been sick or were in contact with others who you believe may be sick, please inform the practitioner. If within a week of your session, you become ill, contact the practitioner as soon as possible.

#### **Late Arrival**

Late arrivals of more than 20 minutes will be considered a late cancellation. At practitioner's discretion, either a shorter session will be offered or a reschedule with a \$50 Inconvenience Fee. Clients have a grace period of one late arrival before this policy applies.

#### **Cancellations and No-shows**

Cancellations and re-schedule shall be made at least 12 hours prior to the appointment or will be subject to a \$50 Inconvenience Fee. No-shows will be charged the full session price. After three no-show or late cancellations, Client may be required to pay in advance or not be invited to book future sessions. A grace period is given of one late-cancellation or no-show before this policy applies. Exceptions will also be made for illness and reasons genuinely beyond Client control, such as hazardous weather conditions.

**Payment and Refunds**

Payment is due in full at the time of service unless a payment plan has been established. Prepaid sessions must be scheduled within three months of initial payment, after which Client forfeits their prepayment. Prepaid 10-Series must be completed within 12 months of purchase, with no more than three months between sessions. After three months, remaining prepaid sessions will be applied to a new 10-series. Refunds will be issued at Practitioner's discretion and charged a \$50 processing fee.

**Referrals**

Clients are encouraged to refer others who would benefit from Structural Integration. As thank you, clients will receive \$25 off their next session for each referral who completes a full price session.

**Limitation of Liability**

The Client acknowledges and agrees that The Working Body, LLC will not be liable for any losses or damages, whether indirect, incidental, special or consequential, in profits, goods or services, irrespective of whether or not the Client has been advised or otherwise might have anticipated the possibility of such loss or damage.

**No Guarantee**

The client acknowledges and agrees that The Working Body, LLC cannot guarantee the results or effectiveness of any of the services rendered or to be rendered. Rather, services shall be executed in a professional manner and in accordance with good industry practice. Results vary from individual to individual and no specific results are guaranteed.

**CONSENT FOR STRUCTURAL INTEGRATION**

I hereby apply for and consent to a standard series of Structural Integration by Bridget Paule, Owner of The Working Body, LLC, ("the Practitioner"), who has explained to me the general process and various results of Structural Integration bodywork and movement education. I understand that these results vary from individual to individual and that no specific results can be guaranteed.

Furthermore, I understand that any relief of physical or emotional symptoms are coincident with the alignment and organization of the total human being, and that alleviation of symptoms is not the primary goal of Structural Integration.

I understand that the practitioner does not treat, prescribe for, or diagnose any illness, disease, or any other physical or mental disorder, injury, or condition. Nothing said or done by the Practitioner should be construed to be such. I further understand that the Practitioner is not attempting to practice medicine, osteopathy, chiropractic, physical therapy, psychology, or any other profession requiring a license under the laws of Alaska.

I understand that it is necessary for the Practitioner to touch my body in order to assist me in establishing balance and alignment in my body. I give the Practitioner full privilege and license to work on my body in such ways as to restore and establish balance and alignment therein.

I understand that photographs, video and/or voice recordings may be made as an aid for both myself and for the practitioner, with my consent.

I agree to the Terms of Service above.

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CLIENT SIGNATURE

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DATE