

Paula Derry  
Shiatsu and Integrative Bodywork

CONSENT FORM AND GENERAL RELEASE

I, \_\_\_\_\_, am \_\_\_\_\_ years of age,  
[or I am the parent/legal guardian of \_\_\_\_\_].

I have read Paula Derry's description of her work, and have had the opportunity to ask questions about this description. I realize that her role is that of a facilitator, educator, and consultant. She is not providing psychotherapy or medical treatment. I realize that she cannot guarantee results. I remain in charge of my health decision-making. I consent to participating in sessions, and realize that I am free to withdraw my consent at any time.

\_\_\_\_\_

Name

\_\_\_\_\_

Date