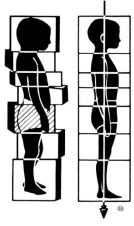


# Rolfing® Structural Integration

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Emily Savage

Certified Rolfer™ & Rolf Movement® Practitioner

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## **Rolfing® Structural Integration Consent Form for Minor**

Client Name (minor): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I hereby authorize that Emily Savage, Certified Rolfer and Rolf Movement Practitioner, provide Rolfing Structural Integration services to my son/daughter listed above.

I understand that:

1. The service will be discussed, and verbal intake performed with myself and child prior to commencement of the service.
2. I have the right to remain in the treatment room, or to enter the treatment room at any time during the session.
3. Appropriate draping and personal boundaries will be strictly observed throughout the service.
4. My child has the right to end their service at any time for any reason.

This consent will apply for Rolfing Structural Integration services provided today and in the future by Emily Savage until/unless I revoke it in writing, or until my child turns 18.

Parent/Guardian Name (Print): \_\_\_\_\_

(Sign): \_\_\_\_\_

Today's Date: \_\_\_\_\_