Vivify WELLNESS | at Avenues

Liability Waiver

Name:_____ Date of Birth:_____
Address:_____ City:_____ State:_____ Zip:_____
Phone:_____ Email:_____
How did you hear about us? _____
Would you like to receive emails about Sales and Services? Yes___ No___

It is my choice to participate in any of the services offered through Vivify Wellness, located at 843 North Cleveland-Massillon Road, Fairlawn OH 44333.

I understand that I am responsible for my personal items. Personal lockers are provided but I solely am responsible for any lost, stolen or damaged items within the facility or lockers.

If I no-show an appointment, I will not be refunded. If I cannot keep a scheduled appointment, I agree to call the office, or reschedule online. To ensure that all clients are treated fairly and are able to receive treatment in a timely manner, I agree to provide 24 hours notice if I need to cancel or reschedule an appointment. If I cancel a massage or acupuncture appointment with less than 24 hours notice, I understand that I will be charged the full fee for service.

I understand that some of the services in which I choose to participate may include physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue activity and ask for support from the practitioner. I assume full responsibility for any and all injuries, which may occur through participation.

I understand that the results will vary depending on the individual and extent of the condition. It is my responsibility to notify the practitioner immediately if I should feel my well-being is being compromised in any way.

All Yoga/Energy sessions are fully clothed and Massage/bodywork sessions are conducted in a stage of undress in which the client feels most comfortable. If at any time either the client or practitioner feels their personal space is being compromised in any way, the session will immediately end.

I understand that some of the services in which I choose to participate involve the releasing of toxins from the body and that drinking extra water will facilitate this elimination. It is recommended that clients drink 8 oz of water before and after each session.

I understand that none of the services I choose to participate in are a substitute for medical attention, and are not intended to diagnose, treat, cure, mitigate or prevent any disease. I understand that no representations, claims or guarantees are being made as to any medical benefit. I am aware that some of the services in which I choose to participate are not safe with certain medical conditions. I understand that it is my responsibility to consult my primary care physician regarding permission to participate in services.

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services.

I have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services.
I can ask my healthcare provider, and any other provider I choose, for a Good Faith Estimate before I schedule a service, or at any time during treatment.

Vivify WELLNESS | at Avenues

Medical Health Care Provider Fees (includes tax):
Massage 30-Min: $48.03 | **Massage 60-Min:** $81.13 | **Massage 90-Min**: $117.42
Recommended Follow Up Average: 6 Sessions Depending on Individual Need
Add-Hot Stone Treatment: $10

In addition, I will make the practitioner aware of any medical condition or physical limitation before my session; especially if I am pregnant, become pregnant, or I am post-natal or post-surgical. My signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to participate in any wellness services and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Vivify Wellness at Avenues, Avenues of Counseling and Mediation, LLC, and its employees, independent contractors or any representative.

_____ _____ _____
Client Signature Printed Name Date

Massage Intake

_____ **Light:** typical Swedish massage- focuses on relaxation and gentle work on outer muscle layers.

_____ **Light to Medium**: Swedish with some medium pressure on areas where muscles have tightened into knots.

_____ **Medium**: Therapeutic massage- primarily medium pressure and ideal for someone suffering from an athletic injury or someone with chronic pain or troublesome areas.

_____ **Medium to Deep**: Therapeutic massage with some deep work involved- this level of pressure may cause some discomfort but is often described as the 'good kind' of pain.

_____ **Deep:** Very firm pressure that includes the use of the therapist's forearms and elbows to knead the deepest muscle layers- moderate but "good" discomfort should be expected.

_____ **Help me Decide.**

Symptoms/Ailments (check all that apply):

Headaches:____ Muscle Pain/Soreness:____ Anxiety:____ Insomnia:____ Chemotherapy/Cancer:____

Other:_____

Area(s) of Concern:_____

Recent Injuries:_____

Chronic Conditions:_____

Are you taking blood thinners? Yes___ No___ Recent Surgeries (last 3 years)? Yes___ No___

Conditions that would require a doctor's note? Yes___ No___ Pregnancy? Current:___ Recent:___ No___

Do you have or are you any of the following? (check all that apply)

A Contagious Illness___ High/Low Blood Pressure___ Other Heart Conditions___ Allergies___ Epilepsy___ Seizures___ Varicose Veins___ Cancer___ Nausea___ Dementia___ A Smoker___

Have you ever received a massage before? How was it?
Yes- Great___ Yes- Okay___ Yes- Poor___ No- ___

Would you like me to focus or avoid any specific area? _____