

## Informed Consent for Treatment

Client's Name \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ agree and consent to participate in Bowen (neuromuscular) Therapy and/or Concussion Therapy offered and provided at/by, Jenna Howe/Rejeneration, a Certified Bowen Health Therapist, Certified Personal Trainer, Emotional Health Practitioner, Yoga Therapist and Sports Nutrition Specialist. I understand that I am consenting and agreeing only to those services that the above-named provider is qualified to perform within the scope of the provider's education, certification, and training. The scope of practice does not pertain to diagnosis of conditions or return to play status but to the treatment of specific symptoms as a complement to other therapeutic modalities or as a standalone treatment.

Bowen Therapy is a form of neuromuscular therapy whereas the treatment itself works with the nervous system, the muscular system and the fascia. Concussion Therapy is the use of Bowen Therapy specifically to address the symptoms of acute or chronic concussion symptoms. The treatment can last anywhere from 30-60mins, is gentle, hands on, clothes on, does not manipulate joints or the spine in any forceful manner and in some cases will address the entire body and/or the specific area of issue based on presentation of symptoms.

While there are no inherent risks of treatment some individuals may experience what is called a 'healing crisis' between sessions which means they may feel more discomfort than usual. This is a process of the body rebalancing. Please inform your practitioner if you have had bite realigning surgery, TMJ surgery, breast implants, metal pins/wires, or tumors.

If the patient is under the age of eighteen or unable to consent to treatment, a legal parent or guardian of the named individual must authorize to initiate and consent for treatment on behalf of this individual.

DATED this      day of,                      20.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print Name)

**WAIVER OF CLAIMS AND RELEASE FROM LIABILITY****TO: "REJENERATION"****AND TO: JENNA HOWE, Certified Bowen Health Therapist, Certified Personal Trainer, Emotional Health Practitioner, Yoga Therapist, Sports Nutrition Specialist**

I acknowledge and represent to you that:

- a) I have given correct answers to the questions you have asked me about my personal history, medical history, and physical history and about my current health;
- b) I have undertaken to advise you of any material changes in my current health;
- c) You have informed me that you are not a Registered Dietician or Registered Nutritionist and therefore nutritional advice is only given to those individuals without medical dietary needs, and are counselled based on the Canada's Food Guide as well as the scope of practice provided through Optimum Nutrition;
- d) If applicable; you have advised me that there are, and have explained to my satisfaction, the risks inherent in yoga, bower therapy and strength training;
- e) If applicable; You have advised me that I may terminate any exercise or treatment at any time, and may interrupt the personal trainer/therapist at any time to ask questions with respect to the procedure, exercise or activity being engaged in;
- f) You have advised me that I must terminate any procedure, exercise or activity if I experience light headedness, dizziness, fatigue, or pain;
- g) You have recommended that I consult my physician before engaging in a course of yoga, strength training, and/or nutritional counselling;
- h) I have agreed to follow and will follow the trainer's instructions with respect to the proper use of equipment and apparatus (such as dumbbells, dynaband, stability ball); and
- i) I have voluntarily chosen to participate in bower therapy, yoga, emotional health counselling, strength training, and/or nutritional counselling under the guidance and supervision of a personal trainer/Bowen Therapist, sports nutrition specialist, yoga therapist, emotional health practitioner
- j) I am at least 18 years of age, am competent to sign this Waiver of Claims and Release from Liability and that, before signing it; I have read and understood all of its provisions.
- k) I understand that I may at anytime have a third party present during therapeutic sessions.

NOW THEREFORE in consideration of your providing bower therapy/concussion therapy, counselling, yoga, strength training, and/or nutritional guidance to me, I do for myself, my personal representatives and heirs, hereby forever release and discharge you, your employees, agents and volunteers from any liability whatsoever for each and every claim, action or cause of any nature whatsoever for any accident, injury (including death) or damage of any nature, howsoever arising that may be sustained by me while undergoing or participating in or as a result of having undergone or participated in bower therapy/concussion therapy, counselling, yoga, , strength training and/or nutritional guidance, even if such injury or damage results from a defect in any apparatus or equipment supplied by you or from negligence of any person, including yourself.

DATED this      day of,                      20.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
(Print Name)