

**Michele Ruppert Rehabilitation Therapy**  
<http://www.micheleruppert.com/>  
**General Informed Consent/Release Form (rev 11/5/23)**

I understand that the rehabilitation therapy (includes massage/bodywork therapies, personal training, and holistic health coaching) that I receive is intended to enhance relaxation, reduce pain caused by muscular tension, increase range of motion, improve circulation, and offer a positive experience of general health and well being. If I experience pain or discomfort during sessions with Michele Ruppert, I will immediately tell her so that the pressure, strokes, and/or therapy may be adjusted to my level of comfort.

I understand rehabilitation therapy should not be construed as a substitute for medical examination, diagnosis, treatment or medication, and that I should see a physician, chiropractor, other qualified medical/dental specialist, or your Primary Physician for treatment of any mental, physical, or medical condition that is a concern. I am aware that Holistic Health Practitioners, Massage Practitioners, Personal Trainers, and Coaches do not diagnose illness or disease, does not prescribe medications, and that spinal/skeletal manipulations/adjustments are not part of rehabilitation therapy.

Since rehabilitation therapy is contraindicated (should not be done) for clients with certain medical conditions, I affirm that I have stated all my known physical conditions, medical conditions and medications, and answered all questions honestly. I agree to keep Michele Ruppert updated as to any changes in my medical profile; and understand that there shall be no liability on the practitioner's part should I fail to do so. Also, I understand that any illicit or sexually suggestive remarks or advances made by me or you will result in immediate termination of the session. Whomever makes the remarks/advances will be liable for payment of the scheduled appointment.

Understanding all of this, I give my consent to receive care. By signing this form, I request to receive for myself, or as a parent/guardian of \_\_\_\_\_, rehabilitation therapy sessions from Michele Ruppert. I hereby release Michele Ruppert from any kind of claim now or in the future.

In the event I need to cancel a scheduled an appointment, I agree to provide Michele Ruppert with a **24-hour notice** or I will be responsible for payment for that appointment unless Michele Ruppert waives the fee for an unavoidable event.

I understand that payment is due in full upon completion of the session unless other arrangements have been made.

Client Signature: \_\_\_\_\_

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

Practitioner Signature: \_\_\_\_\_

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