

## Client and Practitioner Agreement

The mission of Santosha Bodywork is to create a safe environment for healing.

My intention as your practitioner is to be a co-creator with you in your process toward health through hands-on applications, movement education (including yoga), nutritional consulting and open dialogue. I recognize and honor the fact that individuals go through their healing processes at a different pace and in a different way. I see the healing process as a collaboration between us, and will be checking in with you often.

As I see several clients throughout the day and some of my clients have allergies, please do not smoke, wear heavy perfumes or scented oils/lotions before your session. This keeps the area neutral for everyone.

Please come clean and **avoid applying lotions or oils to your skin the day of your session** (after is fine).

Please come sober. As this work focuses to create a mind-body connection, alcohol and drugs to inhibit this ability. If you are currently taking prescription medication, please tell me at the beginning of your session.

Please come wearing modest, full-coverage undergarments (you're welcome to wear athletic shorts and a tank-top over these if preferred). Because of the structural changes throughout the session, it works best if I can see your body as a whole.

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*As a client/student, I understand and acknowledge that:*

Structural Integration and yoga/movement are educational, experiential processes that embrace my whole being; as such, no input on what I am feeling is insignificant.

As a client, I recognize that healing is a process and not an event. I understand that my practitioner will facilitate this process; I do not expect her to "fix" me.

I understand that treatment is a partnership between myself and the practitioner, and I will be an active participant in mind and body during my sessions.

I understand that my responsibilities as a client include a commitment to my healing. I will be as fully present as possible during treatment sessions, ask questions when I do not understand information, and share important information about my health with my practitioner.

I will follow my practitioner's self-care and home program recommendations.

Though purely optional, I understand that photographs may be taken as visual aid for both myself and my practitioner but only after giving consent (there won't be any taken without your consent or knowledge). I agree that the photos may be used for promotional purposes, with my identity concealed.

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

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