

DISCLAIMER

Client Information

Please read carefully and only sign if you are in full agreement with its contents.

I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant.

Or

I confirm that I have understood the treatment and given my medical history I would prefer to consult with my GP or Consultant prior to receiving the treatment.

It is your responsibility and not that of the therapist to consult your GP or Consultant.

I hereby indemnify Áine Complementary Therapies and the therapist against any adverse reaction sustained as a result of the treatment.

Client Signature: Date:

Therapist Signature: Date: