



Rolfing® Structural Integration and Rolfing Movement Application and Consent

I, _____ (please print your name) hereby apply for a series of sessions in Rolfing Structural Integration and/or Rolfing Movement.

I understand the purpose of Rolfing is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Rolfing is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary.

A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Rolfing. Nothing said or done by the below named Rolfer should be understood as counter to this statement.

I understand it is necessary for the Rolfer to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give Tim McCarty, Certified Rolfer and Rolfing Movement practitioner, my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body.

I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Rolfing.

In addition, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Rolfing.

Date: _____

Applicant's Signature: _____

Email: _____ Phone: _____

Rolfer's Signature: _____

Email: _____ Phone: _____

The terms Rolfing®, Rolf Institute® and Rolfer™ and the Little Boy logo are service marks of the Rolf Institute of Structural Integration, and are only to be used by members in good standing with the Rolf Institute.