



REDWOOD THERAPY

INFORMED CONSENT AGREEMENT

Thank you for choosing to use the services, or programs of Redwood Therapy. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, the undersigned, declare that I intend to use some or all of the therapies, activities, programs, and services offered by Redwood Therapy and I understand that each person, (myself included), has a different capacity for participation in such therapies, activities, programs, and services. I am aware that all therapies, activities, programs, and services, offered are therapeutic, educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity, therapy, or program. I acknowledge that my choice to participate in any therapy, activity, programs, and services of Redwood Therapy brings with it my assumption of those risks or results stemming from this choice and the fitness, health, and awareness, care, and skill that I possess and use.

I further understand that personnel, who may not be licensed, certified, or registered instructors or professionals sometimes conduct the therapies, activities, programs, and services offered by Redwood Therapy. I accept that fact that the skills and competencies of some employees will vary according to their training and experience and that no claim is made to offered assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the therapies, activities, programs, and services offered by Redwood Therapy, that I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the therapies, activities, programs, and services offered by Redwood Therapy at any time before, during, or after my participation.

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

X _____ / _____ / _____
Patient/Responsible Party Relationship to patient Date



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