* I understand that all treatments at this facility are therapeutic in nature. I agree to communicate to the therapist any physical discomfort and draping issues during the session.
* Information has been provided to me about Cupping Therapy. If I choose to experience these therapies during treatments, I understand the potential effects and after-care recommendations.
* It has been explained to me that there are contraindications to Cupping Therapy. I have fully disclosed all health factors including those not mentioned on my Client Intake Forms, to avoid any complications.
* It has been explained to me that there is a possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body.
* I also understand that this reaction is not bruising, but cellular debris, pathogenic factors and toxins being drawn to the surface to be cleared away by my circulatory system.
* I further understand that the discolorations will dissipate from a few hours to as long as two weeks, in some cases, and in relation to my aftercare activities.
* I understand that Cupping Therapy modalities should not be combined with aggressive exfoliation, done within 4 hours of shaving, after a sun burn, or when I am hungry and/or thirsty.
* I understand that I should avoid exposure to cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs, and aggressive exercise for 24 hours. It has been explained to me that exposure to such extremes can produce undesirable effects and I should avoid such situations.
* I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and instead I should consume an abundance of clean water.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to allow the Cupping Practitioner to perform cupping. I also agree that I have read, understand, and will follow all the information stated above and will not hold the Practitioner responsible.

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

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_