

Important Policies

- All Cancellations require 24 hours notice or the full session fee will be charged.
- If you have an illness, contact your Rolfer/Yoga Instructor/Somatic Experiencing Practitioner so a decision can be made about rescheduling.
- Payment in cash or a check is due in full at each session unless prior arrangements have been made.
- Please advise your Rolfer/Yoga Instructor/Somatic Experiencing Practitioner if you need a receipt.
- If you have any questions or concerns about your Rolfing, Yoga, or Somatic Experiencing process or what you are experiencing, please contact us.

Application and Consent

I hereby apply for a session or sessions of Rolfing Structural Integration, private yoga and meditation/mindfulness instruction, and/or Somatic Experiencing and certify that the above information indicated in the health form is true and accurate to the best of my knowledge.

I fully understand the purpose of Rolfing and Yoga is to balance and align the physical body so that it is supported and maintained by gravity. This is done through direct manual manipulation, movement exercises and education so that greater economy and freedom of body movement are achieved. I understand the purpose of Mindfulness, Meditation and Somatic Experiencing is to restore health to the nervous system functions of the body.

I understand Rolfing, Yoga, Mindfulness/Meditation, and Somatic Experiencing are not involved with the treatment of disease of any kind, nor do they substitute for medical diagnosis or treatment when such attention is needed. The Rolfer/Yoga instructor/Somatic Experiencing Practitioner does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer/Yoga Instructor/ Somatic Experiencing Practitioner should be misconstrued to be such.

I understand it is necessary for a Rolfer to touch my body in order to assist me in establishing balance and alignment in the body. For Somatic Experiencing and Yoga, I understand it is my choice if I would like to include gentle and supportive touch from my practitioner as part of my treatment.

I give my Certified Rolfer, Yoga Instructor, and Somatic Experiencing Practitioner, Allison Benner, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer/Yoga Instructor/Somatic Experiencing Practitioner license to work on my body in such a way as to restore and establish balance and alignment therein.

All records maintained by the Rolfer/Yoga Instructor/Somatic Experiencing Practitioner regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

Client's signature and Date