

I, Georgia Banks, am a Massage Therapist. I am not a licensed physician. Massage therapy services for healing purposes are not licensed by the state of California.

I am a Trager practitioner. Trager bodywork is movement oriented, rather than pressure oriented. The client relaxes on the table as the practitioner initiates gentle waves of movement which travel through the body, loosening, relaxing, revitalizing, joints, muscles, soft tissue, bringing a sense of lightness and ease in mobility. This type of bodywork is often a helpful approach to reducing restrictive patterns of muscular tenseness, as it works through the mind and the body, helping the body remember its natural freedom.

I have received my training, education and certification from the US Trager Association (500 hours)

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three years.

My methods of treatment, massage therapy and bodywork, are alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California's Business and Professions Code.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your medical doctor that you are receiving bodywork.

Acknowledgement and Consent to Receive Services

I have read and understand the above disclosure about the massage therapy offered by Georgia Banks and Georgia Banks' training and education. I have discussed with Georgia Banks the nature of the services to be provided. I understand that Georgia Banks is not a licensed physician and that massage therapy and bodywork services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to use the services offered by Georgia Banks, and agree to be personally responsible for the fees of Georgia Banks in connection with the services provided to me.

Signed: _____

Date: _____

(client/parent/conservator/guardian)

(name of client)