



Rossiter Informed Consent Form

Please read this important information about Rossiter:

The Rossiter system is a two-person assisted stretching workout. It's design is to loosen, lengthen and stretch the connective tissue system to prevent, lessen and/or alleviate pain, and to improve, restore, and/or maintain function. Two people work together; the coach (who guides the exercises), and the person-in-charge (that's you). We are not therapists, we do not diagnose or prescribe any medication or treatment plans. It is not meant to replace a doctor's advice or another professional therapy or plan.

You are the person in charge; you will tell your coach when the weight is sufficient, and if you are able to complete the techniques. By signing below, you agree to have read the above information, and you understand and agree to the terms stated. If at any time you have questions, please ask!

In signing this document, I acknowledge being informed of the nature of the Rossiter Stretching exercise program. Under any such exercise program it is possible to have unusual, physiological results including but not limited to abnormal blood pressure, dizziness, fainting, headaches, heart attack or even death.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the coach of the symptoms. I also understand that I may stop any workout session at any time.

By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility Integrative Massage of Boulder, LLC.

Client's Signature _____

Printed Name _____

Date _____

By signing this consent form, I affirm that I have read and fully understood it's content, and my questions regarding it and the exercise program have been answered to my satisfaction.