



## **ITEC Qualified Holistic Therapist**

### **CLIENT DISCLAIMER**

Please read carefully and only sign if you are in full agreement with its contents

I ..... agree to accept complimentary therapy treatments\* from *Melissa Herron-Ward*. I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed and take full responsibility.

I .....confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or consultant for the treatment given.

Or

**If you would like to consult with your GP or Consultant prior to receiving treatment please tick here.**

(If you tick this box please ask your GP or Consultant to sign and stamp this disclaimer)

I hereby indemnify Melissa Herron Ward against any reaction I may have following my treatment.

Signed: \_\_\_\_\_  
(Client)

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

Signed: \_\_\_\_\_  
(Therapist)

Print: Melissa Herron-Ward

Signed: \_\_\_\_\_  
(Doctor or Consultant)

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

Hospital: \_\_\_\_\_

Dated: \_\_\_\_\_

\*Includes Indian head massage, holistic massage, Reiki, hot and cold stones, counselling, aromatherapy and aromatherapy massage.

