



# North Star Integration

**Discover physical enlightenment**

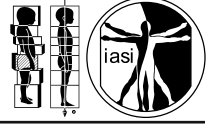
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Jon Grossart, Certified Rolfer™

OR LMT #13752



## Application and Consent for Rolfig® Structural Integration

*I hereby apply for a standard series of processing in Rolfig (structural integration).*

*I fully understand the purpose of Rolfig is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body-movement are achieved.*

*I understand Rolfig is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Rolfer 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 should be misconstrued to be such.*

*I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body.*

*I give **Jonathan Grossart, Certified Rolfer, LMT**, 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 full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. This work may also include intraoral and/or intranasal techniques. I understand that I may at any time revoke such consent and license and terminate and discontinue the process of Rolfig.*

*Furthermore, I understand that any relief of physical, psychological, or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Rolfig.*

## Policies

- **All cancellations require 24 hours notice or the full session fee will be charged. If the practitioner cancels the session in less than 24 hours, the rescheduled session will be free.**
- If you have an illness, contact your Rolfer so a decision can be made about rescheduling your appointment.
- Payment in cash or check is due in full at each session, unless prior arrangements have been made.
- You will receive Rolfig only during your scheduled appointment time. If you are late to an appointment, it may not be possible to change the ending time of the session but you will be still be responsible for payment in full of the scheduled session.
- Please advise your Rolfer if you need a receipt for insurance purposes prior to the start of the session.
- If you have any questions or concerns about your Rolfig process or what you are experiencing, please contact your Rolfer.
- If your health status changes or you become pregnant, please advise your Rolfer of your updated condition.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (Parent/Guardian for minor)

\_\_\_\_\_  
Witness