

CLIENT INFORMATION

Full Name: Date of Birth:

Address: City: State: Zip:

Phone: Email:

1. CONSENT & LIABILITY RELEASE FOR HIJAMA / CUPPING & THERAPY SERVICES

By signing below, you agree to the following:

- I give my permission to receive Hijama (cupping) therapy, massage therapy, acupressure, and related services.
- I understand that therapy services are not a substitute for traditional medical treatment or medications.
- I understand that the therapist does not diagnose illnesses or injuries, or prescribe medications.
- I have clearance from my physician to receive therapy services.
- I understand the risks associated with therapy services include, but are not limited to:
 - Superficial bruising
 - Short-term muscle soreness
 - Exacerbation of undiscovered injury

I therefore release Dallas Hijama Cupping Therapy, its owners, employees and independent contractors from all liability concerning these injuries that may occur during the session.

- I understand the importance of informing my therapist of all medical conditions and medications I am taking, and to let the therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.
- I understand that it is my responsibility to inform my therapist of any discomfort I may feel during the session so he/she may adjust accordingly.
- I understand that I or the therapist may terminate the session at any time.
- I have been given a chance to ask questions about the therapy session and my questions have been answered.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

Client Signature

Date

2. MEMBERSHIP AGREEMENT WITH PROFESSIONAL WELLNESS ALLIANCE (PWA)

Who We Are: The Professional Wellness Alliance (PWA) is a mission-driven community that brings individuals and families together with licensed providers to learn ways to have the best in health.

How It Works: Licensed providers, individuals and families join in a private member community to share holistic health education, instruction and products. The PWA is structured as a private community that requires licensing for providers to assure provider ethics, competency, and quality services along with good community order.

Services Provided: PWA licensed providers are authorized to assist members through health education, instruction and products.

Services Not Provided: PWA licensed providers do not offer any state licensed health services, DO NOT take responsibility for the health of any person or for the diagnosis, treatment or resolution of any symptom or condition.

How Do I Enroll As A Member: You may enroll as a PWA community member through the PWA website at <https://www.pwai.us/become-a-member> or through a PWA provider and you must agree to be accountable to the member rules shown below.

Agree that Provider Members (PWA Licensees) provide only the services described above under "Services Provided" and that these are self-help and educational services not medical services.

- Agree that all records of services you receive are available to you upon request as "private member educational records" and not medical records.
- Agree that the Professional Wellness Alliance does it's best to assure the integrity and competence of Provider Members (Licensees) and while Licensees represent the PWA mission, that they are independent educators that do not work for the PWA. Therefore, you agree to hold the PWA and affiliates harmless in all matters related to your association with PWA, affiliates or Provider Members.
- Agree to make your best efforts to resolve any and all complaint you may have with another member with them personally and in the event you are unable to resolve satisfactorily, agree to settle any dispute or complaint through binding arbitration through a mutually agreed arbitrator.
- Agree that any and all content on the PWA website, newsletters, writings, affiliate links or otherwise are for educational purposes only and are not intended as medical advice.

Term and Cancellation: Membership in the PWA shall begin when you agree to this Membership Agreement and shall terminate with written notice from you to the PWA or from the PWA to you. The PWA reserves the right to deny or terminate membership of any member without cause. Termination shall not waive or relieve you of any obligations or agreements made while you were an enrolled member.

By signing below or agreeing to membership through the PWA online electronic system you accept membership and agree that this agreement is a "contract" binding you to follow the herein terms.

3. ACKNOWLEDGMENT & SIGNATURE

Member Name (Print):

Date:

Address:

City / State / Zip:

Email / Phone:

Member Signature:

Enrolled Into Membership By:

PWA Provider #:



EMERGENCY CONTACT (Optional)

Name:

Phone:



Dallas Hijama Cupping Therapy

Serving East Plano, Texas and Surrounding Areas

Healing Today. Better Tomorrow.