

# Rolfology Rolfing® Structural Integration Application and Consent Form

I, \_\_\_\_\_ (please print your name) hereby apply for a series of sessions in Rolfing® Structural Integration (SI).

I understand the purpose of Rolfing® SI is to balance and restore the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct physical touch and body-centered education; balance and ease in the physical body are main goals of this work.

I further understand Rolfing® SI is not involved with the treatment of disease of any kind; nor does it substitute for medical diagnosis or treatment when such attention is deemed necessary.

A Certified Rolfer™ does not treat, prescribe or diagnose illness, disease, any physical or other related ailment of the person seeking Rolfing® SI. Nothing said or done by Michael Valenti, Certified Advanced Rolfer™, should be understood as counter to this statement.

I understand it is necessary for the Rolfer™ to touch my body in an appropriate manner in order to assist me in establishing balance and ease in my physical body.

I give Michael Valenti my permission and consent to work with me in such a way as to restore and establish balance and ease in my physical body. I further understand that I may at any time revoke such permission and consent, and can choose to discontinue the session and series of Rolfing®.

In addition, I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not a basic goal of Rolfing® Structural Integration.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_



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