

SPORTS THERAPY ASSOCIATES  
MERIDITH LLEWELIN  
760-727-7406

## INFORMED CONSENT FORM

Dear Client:

This consultation may include both “hands-on”, as well as verbal or demonstrative instruction in any or all of the following: Self-Care, Posture, Movement, and Lifestyle changes.

The technique used by Sports Therapy Associates is called Physio-Synergi and was originated and developed by Meridith Llewelin. It is based upon applied yoga and does not follow techniques of chiropractic, massage, physical therapy or any other medical discipline. Physio-Synergi is compatible with all forms of therapy and is not intended to replace any form of treatment. No claims are made or implied for these techniques. Physio-Synergi involves stretching and other movements of the body. You will be instructed on these movements as well as activities for you to do on your own. Your improvement will depend upon your discipline and consistency.

All techniques have the potential to increase pain while on the road to recovery. There is the potential for possible harm to your body if any Physio-Synergi techniques are misused. We will make every effort to see that you are only doing activities that will benefit you. However, you the client, assume all responsibility for damages, presumed or real, that may occur on these premises, or during the execution of the movements elsewhere.

This is an instrument of informed consent.

I hereby consent and agree to the performance of the above named procedures. I have read, or have had read to me, the above statement. I have had the opportunity to ask questions about this statement and its contents, and by signing below, agree to the above named procedure, and any in the future.

Please sign where indicated. If the client is a minor, or physically incapable, a parent or representative must sign for him/her.

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

Parent/Representative Name \_\_\_\_\_

Date \_\_\_\_\_