KINETIC THERAPY RELEASE FORM

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

1. ACKNOWLEDGMENT OF TREATMENT

I, acknowledge that I am voluntarily receiving **kinetic therapy** from **Maison SÉRÉNITÉ ,**I understand that kinetic therapy involves electromagnets, stretching, and hands-on bodywork to improve mobility, function, and overall wellness.

2. RISKS AND RESPONSIBILITIES

I understand that:

- I should inform my therapist of any pain, discomfort, or pre-existing medical conditions before and during the session.
- This therapy is not a substitute for medical treatment, and I should consult my physician if I have any medical concerns.

3. RELEASE OF LIABILITY

I release **Maison SÉRÉNITÉ**, Kinetic Workout PR LLC and the Fairmont Hotel San Juan, its staff, employees, and affiliates from any claims, liabilities, or damages that may arise from my participation in kinetic therapy. I understand that results vary and that no guarantees have been made regarding outcomes.

4. CONSENT FOR TREATMENT

I give my full consent to receive kinetic therapy. I acknowledge that I have had the opportunity to ask questions and that all my concerns have been addressed to my satisfaction.

5. PHOTOGRAPHY/VIDEO RELEASE (Optional)

[ ] I give permission for **Maison SÉRÉNITÉ, Kinetic Workout PR and other affiliates** to use photos or videos taken during my sessions for educational or promotional purposes.

[ ] I do not give permission for any photography or video recording.

6. SIGNATURE

By signing below, I confirm that I have read and understood this release form.

Client Name (Print): _____

Client Signature: _____

Date: _____