

Science Fitness LLC.

Muscle Activation Techniques Treatment Waiver and Consent

I, the undersigned, understand that Muscle Activation Techniques (MAT) is a treatment process that uses a systematic approach to identify and treat muscular imbalances that relate to stress, trauma, and/or overuse injuries. MAT is based upon the understanding that when the body recognizes instability of the skeletal system, muscles become tight to protect against this instability. When muscles become weak or lose proprioceptive communication with the brain, other muscles become tight. This tightness leads to muscular imbalances that can cause related joints to become unstable. MAT uses a system of range of motion evaluation, positional strength testing, palpation (of specific muscular attachment sites), and corrective isometric exercise to correct muscular imbalances. It is through this unique system of treatment that MAT aims to restore joint range of motion and stability within the body.

I understand that MAT is the only service, as opposed to any other form of therapy, that will be used during the session and that the MAT practitioner does not diagnose illness, disease or any other physical or mental disorder. The MAT practitioner does not prescribe medical treatment of pharmaceuticals. It has been made clear that MAT is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any serious physical ailments that I may have.

I have stated all of my known medical conditions on the intake form, and realize it is solely my responsibility to keep the MAT practitioner updated on any changes in my physical health. I have consulted a medical doctor or health care practitioner regarding these conditions.

I understand that the services offered today are not a substitute for medical care, and that any information provided by the MAT specialist is for educational purposes only, and it is not diagnostically prescriptive in nature.

By signing this release, I hereby consent to waive and release Brad Bischoff, MAT Certified Specialist, and any other business with which he is affiliated, from any and all liability past, present, and future relating to Muscle Activation Techniques treatments.

I understand that as a client I have obligations to the appointed and agreed upon time for my appointment. If for any reason I need to change or cancel my appointment time a 24 hour notice of cancellation is requested. I am responsible for paying 100% of the single session rate should I fail to give 24 hours notice of appointment cancellation. _____

I have received the policy statement and have read and agree to the policies therein.

Client Name _____

Parent/Guardian Signature _____

(Client's age 17 years or younger)

Client Signature _____

Today's Date _____

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