

**Please print, sign and bring to first session.**

***I understand...***

Angie Yetzke, LLC's somatic movement education practice seeks to promote body awareness, physical integration and holistic wellness for individuals, couples and communities. While there are physical, mental and emotional benefits, it is not designed to cure illness, heal acute injury, process past experiences or settle past disputes.

There is potential risk for injury in any form of physical activity, and I release my child to participate in somatic therapy intervention with the approval of his/her healthcare provider. I will alert Angie to any physical injuries or concerns that occur prior to, during or following a session. I will not hold Angie Yetzke, LLC or Angie Yetzke responsible for injury or death incurred by my child by exercises learned or practiced while participating in or following participation in her services.

I am never obligated to disclose personal health information about my child. Angie will use the health information I choose to disclose to create individualized sessions that match my child's needs and abilities.

The body holds emotional memory and trauma, and somatic movement therapy may invoke surprising and possibly disturbing emotional responses. I will encourage my child (age/maturity dependent) to take care of himself/herself and his/her needs at all times and to let Angie know when he/she needs breaks, wishes to stop a session early or experiences any difficulties between sessions. Should my child require treatment beyond what Angie Yetzke, LLC can offer, my child's sessions may be discontinued and I will be advised to seek an appropriate healthcare provider.

My child (age/maturity dependent) will be encouraged to take an active role in the execution of his/her sessions and completion of any weekly assignments, articulating his/her experiences, needs and desired outcomes. I understand that therapeutic outcomes are based upon my child's openness and willingness (age/maturity dependent) to make changes, both during sessions and between sessions.

A professional and trusting relationship is critical for successful somatic movement education and therapy sessions, and Angie desires to create a safe space for my child to share and grow.

Information my child shares with Angie will be kept confidential. If Angie believes disclosure of information to me, the parent/guardian, will be important to my child's health and well-being, there will be a meeting with the three of us to disclose the information to the parent, encouraging the child to share first. If Angie believes the information shared by my child indicates imminent self-harm or harm to another, Angie will be required by law to report.

Parent/Guardian-Practitioner Agreement for Services with Angie Yetzke, LLC

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I am invited to observe or participate in sessions as long as my attendance is not disturbing to my child or to Angie. If Angie believes my child would progress more quickly without my attendance or participation, or my child expresses concerns regarding my attendance or participation, Angie will ask that I not observe/participate.

Cueing through therapeutic touch is an important component of somatic movement education and therapy. I will inform Angie of any concerns or if at any point my child or I feel uncomfortable.

Sessions will start and end promptly. If I wish to continue my child's session past the designated end time, and Angie has the availability, I will be charged accordingly. Alternatively, my child or I may always request to "pick up where we left off" at the following session.

If my child feels ill or has been exposed to a contagious illness, I will cancel his/her in-person session, and Angie will do the same.

I am responsible for the full cost of sessions cancelled with less than 48 hours notice. Rescheduled appointments must take place within one week or may be subject to a \$25 rescheduling charge. Frequent rescheduling may result in termination of my child's sessions.

In addition to this client-practitioner agreement, I acknowledge receipt and understanding of the policies regarding fees and cancellations, website usage and accessibility, and privacy and cookies (all found at <https://angieyetzke.com>).

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_