

Wildhorse Homestead – Wellness Studio

Client Informed Consent & Acknowledgment Form

Client Name: _____

Date of Birth: _____

Phone / Email: _____

Date: _____

Purpose of This Consent

This form is intended to inform you about the nature, benefits, and potential risks of the wellness services offered at **Wildhorse Homestead's Wellness Studio**, and to obtain your voluntary consent to participate in these services.

Description of Services

Wildhorse Homestead's Wellness Studio offers the following holistic wellness services:

- **Holistic & Therapeutic Massage** – Hands-on bodywork techniques designed to promote relaxation, reduce muscle tension, improve circulation, and support overall well-being.
- **Red Light Therapy** – Exposure to low-level red and near-infrared light intended to support cellular function, circulation, muscle recovery, skin health, and relaxation.
- **Electromagnetic Frequency (EMF) Wave Therapy** – Non-invasive therapy using low-frequency electromagnetic waves designed to support balance, relaxation, circulation, and overall wellness.
- **Hydrogen-Oxygen Therapy** – Inhalation of hydrogen-enriched oxygen intended to support cellular health, energy, and recovery.
- **Magnesium Foot Spa Treatment** – A warm foot soak infused with magnesium designed to promote relaxation, ease muscle tension, and support mineral replenishment.

These services are **complementary wellness practices** and are not a substitute for medical care.

Voluntary Participation

I understand that all services are **voluntary**, and I may decline or discontinue any treatment at any time. I am encouraged to ask questions and communicate my comfort level, preferences, or concerns before and during any session.

Potential Benefits & Risks

I understand that potential benefits may include relaxation, stress reduction, improved circulation, muscle relief, and general wellness support. I also understand that individual results may vary.

Possible risks may include, but are not limited to:

- Temporary soreness, fatigue, lightheadedness, or skin sensitivity
- Mild detox-like responses such as headache or nausea
- Rare discomfort related to heat, pressure, light exposure, or energetic stimulation

I acknowledge that no guarantees have been made regarding outcomes.

Medical Disclosure & Responsibility

I affirm that I have disclosed all relevant medical conditions, including but not limited to:

- Pregnancy
- Cardiovascular conditions
- Neurological conditions (including seizures)
- Pacemakers or implanted electronic devices
- Skin conditions or sensitivities
- Respiratory conditions
- Recent surgeries or injuries

- Any other condition that may affect my participation

I understand it is my responsibility to update the wellness provider of any changes to my health status.

Not Medical Treatment

I understand that practitioners at Wildhorse Homestead's Wellness Studio are **not licensed medical doctors** (unless otherwise stated), and the services provided:

- Do not diagnose, treat, cure, or prevent disease
- Are not a replacement for medical advice, diagnosis, or treatment
- Should not be used in place of care from a licensed healthcare provider

I agree to consult my physician for any medical concerns.

Consent & Release of Liability

By signing below, I acknowledge that:

- I have read and fully understand this informed consent form
 - I have had the opportunity to ask questions
 - I voluntarily consent to receive wellness services at Wildhorse Homestead
 - I release Wildhorse Homestead, its owners, practitioners, and staff from liability for any injury or condition resulting from my participation, except in cases of gross negligence
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Client Acknowledgment & Signature

Client Signature: _____

Printed Name: _____

Date: _____