



**SBR Therapy and Wellness**

W61N397 Washington Avenue  
Cedarburg, WI 53012  
Phone: 262-204-8383

*connect@sbrtherapy.com*

**CONSENT AND WAIVER**

**Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Permission to Treat**

I am voluntarily participating in SBR(Swim Bike Run)therapy and wellness. SBR (Swim Bike Run) therapy and wellness techniques may include, but are not limited to: manual techniques, dry needling, spinal mobilization and manipulation, electrotherapeutic modalities, neuromuscular re-education, exercises, as well as other techniques such as Integrated systems model, craniosacral therapy, pelvic floor therapy, massage therapy, and ultrasound guided therapy.

Your therapist will discuss his/her finding and recommendations for treatment. At any time during therapy you have the right to decline treatment.

I hereby waive liability of SBR(Swim Bike Run) Therapy and Wellness, LLC and its employees of any injury that might occur from engaging in therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No-shows and Late Cancellations**

Unless cancelled with at least 24-Hour notice, I will reimburse SBR (Swim Bike Run) Therapy and Wellness \$50.00 if I am not present for my previously scheduled appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional**

I authorize SBR (Swim Bike Run) Therapy and Wellness, LLC to discuss my billing or medical condition with the following individuals.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_