
Important Policies

- All Cancellations require 24 hours notice or the full session fee will be charged.
- If you have an illness, contact your Rolfer so a decision can be made about rescheduling.
- Payment is due in full at each session unless prior arrangements have been made.
- Please advise your Rolfer if you need a receipt.
- If you have any questions or concerns about your Roling process or what you are experiencing, please contact at stacie@denverhighlandsroling.com

Application and Consent

I hereby apply for a standard session of Roling Structural Integration and certify that the above information indicated in the health form is true and accurate to the best of my knowledge.

I fully understand the purpose of Roling is to balance and align the physical body so that it is supported and maintained by gravity. This is done through direct manual manipulation, movement exercises and education so that greater economy and freedom of body movement are achieved.

I understand Roling is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. The Rolfer does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a Rolfer should be misconstrued to be such.

I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body.

I give my Certified Rolfer, Stacie Scarbery, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give the Rolfer full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

All records maintained by the Rolfer regarding the client below are confidential and will require prior written approval of the client to be released to anyone other than the client.

Client's signature_____

Date_____