***Pathways to Health, L.L.C.***

*Consent to Treatment Form and Client Agreement*

Practitioner: Marcus Walther, LMT, BCTMB
| Licensed Massage Therapist | Board Certified in Therapeutic Massage & Bodywork |

| Craniosacral Therapist | Energy Medicine Practitioner | Licensed Minister |

**Status and Scope of Practice**
I am a Licensed Massage Therapist in the Commonwealth of Virginia, Board Certified in Therapeutic Massage and Bodywork (NCBTMB) since 2006, a Craniosacral Therapist, Energy Medicine Practitioner, and Licensed Minister. I offer therapeutic massage, craniosacral therapy, energy balancing, and spiritual coaching services.

I provide services for both adults and children. For all pediatric sessions, parental or guardian consent and presence are required. Please note: while the child receives the session, the parent or guardian is considered the client of record.

These services are intended to promote relaxation, ease physical and emotional tension, and support overall well-being. I am not a physician, chiropractor, or mental health provider and do not diagnose, prescribe, or treat medical conditions. Clients are encouraged to maintain regular care with a licensed healthcare provider. Massage is not a substitute for medical diagnosis or treatment.

**Description of Services**

Massage Therapy
Massage therapy involves the manual manipulation of soft tissues to ease muscular tension, promote relaxation, improve circulation, and support emotional well-being. Sessions may incorporate a variety of techniques including, but not limited to: Swedish Massage, Deep Tissue Massage, Myofascial Release, Reflexology, Craniosacral Therapy, Trigger Point Therapy, assisted stretching, and other recognized massage methods as appropriate to client needs.

Craniosacral Therapy
A gentle, hands-on modality that focuses on the craniosacral system — the membranes and fluids surrounding the brain and spinal cord. The goal is to reduce restrictions, ease tension, and support balance in the central nervous system. This therapy is typically performed with the client fully clothed, but may be any comfort level of clothing with proper draping.

Energy Balancing
Energy Balancing is a non-invasive modality involving the evaluation and manipulation of the human energy field. Using the client’s or practitioner’s energy field, this work is intended to effect change in the client’s energy field to help support their overall mental, emotional, physical, or spiritual health. Energy Balancing is a complementary service and is not intended to replace professional medical care.

Spiritual Coaching
As a Licensed Minister, I may offer spiritual coaching for clients seeking emotional, life-purpose, or spiritual guidance. Spiritual coaching is designed to complement — not replace — other therapeutic or medical services.

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**Benefits & Risks**
Potential benefits of these services include stress reduction, relief from muscular tension, improved circulation, enhanced flexibility, support for emotional balance, and activation of the body’s self-healing mechanisms. Risks are minimal but may include temporary soreness, emotional release, fatigue or lightheadedness. Clients are encouraged to communicate openly and stop the session at any time if discomfort arises. Clients are responsible for informing the practitioner of any health conditions, medications, or changes before each session.

**Education, Credentials, & Experience**
- Licensed Massage Therapist (Virginia)
- Board Certified in Therapeutic Massage & Bodywork (NCBTMB) since 2006
- Trained in Craniosacral Therapy
- Licensed Minister
- Specialized training in Energy Balancing, Reflexology, and additional therapeutic techniques.
Further details on my background and ongoing professional education can be found on my LinkedIn profile.

**Confidentiality**
All personal and health information shared during treatment is confidential and will only be disclosed with written permission or as required by law.

**Client Rights**
You have the right to ask questions, modify or withdraw consent at any time, and expect professional, respectful conduct in all interactions.

**Fees & Payment**
Payment is due at the time of service unless prior arrangements have been made. Missed appointments or cancellations with less than 24 hours’ notice will be charged the full session fee, except in the case of emergencies or extenuating circumstances, at the discretion of the practitioner.

**Client Consent**
I have read and fully understand the information above. I have had the opportunity to ask questions, and I consent to receive therapeutic massage, craniosacral therapy, energy balancing, and/or spiritual coaching services from Marcus Walther at Pathways to Health, L.L.C. I understand that no specific outcome has been promised or guaranteed. Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Marcus Walther and Pathways To Health, L.L.C. from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Client Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Treat Minor (if applicable)**
I hereby authorize practitioners at Pathways to Health, L.L.C. to provide massage, craniosacral therapy, energy balancing, spiritual coaching, or other therapeutic services to my child or dependent.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_