



Indemnity Form (Please Print)

Name and Surname: _____
Name of child: _____
Date of Birth: _____ **Email address:** _____
Cellphone number: _____ **Telephone Number:** _____

Our Offerings

Mindful Moves employs a variety of techniques and modalities designed to naturally enhance and strengthen you as a client, thereby increasing your resilience to stress and enabling you to attain your objectives in life, whether they pertain to academic, career, personal, or physical aspirations.

Mindful Moves serves as a facilitator in your journey, ensuring that the sessions proposed are distinct and customized to meet your individual needs and aspirations. Clients are encouraged to initiate their journey with a profiling session, as this can provide valuable insights into their specific challenges and goals. This process will offer you strategies and constructive feedback. Additionally, it enables us to make more informed recommendations on how we can comprehensively assist you in achieving your full potential.

Mindful Moves provides the following services:

- Profile Sessions (An initial assessment aimed at understanding the organization of your brain under stress and beyond)
- Neurofeedback and Brain Training (A non-invasive, drug-free method that provides the brain with feedback for self-correction)
- Stress Release Sessions (Application of pressure points on the head to facilitate relaxation and alleviate anxiety)
- Goal Setting and Reprogramming Sessions (Employing movement techniques to reprogram the mind and eliminate self-limiting beliefs)
- Movement Plans Incorporating Primitive Reflexes (A home-based program designed to support the maturation of the nervous system for enhanced learning)
- Movement Sessions (Sessions that utilize Edu-K movements)
- Courses, Workshops, and Training (Diverse themes and topics aimed at disseminating the knowledge we have acquired)

Our objective is to assist you as a client through non-invasive methods that are in harmony with your body's natural processes of functioning and development. We respect your autonomy and believe that you possess the best understanding of your own health and well-being.

Client Release

I, _____ give permission to assess myself/ my child,

I have been informed about the processes and offerings, and I have been given a chance to ask any questions I have.
I further give my informed consent that:

- That I / my child is partaking freely in the session, and that the client is in complete control of their experience.
- Should I / my child feel uncomfortable or experience any pain during any part of the session, we are to inform the practitioner immediately who make adjustments.
- I understand that the programmes and sessions should be followed as prescribed.
- I understand that no medical diagnosis, prognosis or treatment will be made during the consultation.
- I accept that the outcomes of this process are dependent on my / my child's willingness to participate in the session and in discussions as well as commit to doing home-based movement programmes where provided.
- I have been made aware of the fees and will settle the bill as agreed to. Fees are payable upfront or on the day of the appointment with discounts offered for packages paid upfront. This is to be paid via EFT or cash.

If I cannot make a session, I will inform the practitioner and reschedule. I will do my best to inform them 24 hours before a session.

NB: I accept that Mindful Moves is not responsible for any loss or damage to property incurred, or injuries sustained while on the property or any other premises that Mindful Moves occupies while presenting course & workshops.

Signature: _____ Signed at: _____

Witness signature : _____ Today's Date: _____