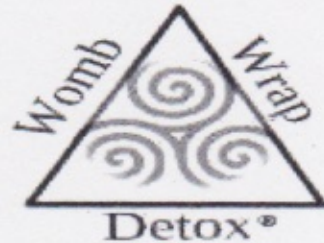


Womb Wrap Detox



Consent to Touch Form

I understand that Womb Wrap Detox Specialists are providing services within their scope of practice as defined by the Yoni Steam® method. I understand that my Specialist has been trained to use a light healing touch during the Womb and Breast Stimulation and that these services are provided to stimulate the uterus, ovaries, lymphatic tissues and increase the circulation of blood and oxygen to the entire reproductive system.

I acknowledge that a Womb Wrap Detox Specialist™ is not a physician and do not diagnose, treat or claim to cure illness. I also understand that this service is not a substitute for medical advice and that it is recommended that I see my personal physician for any ailments that I may be experiencing. I acknowledge that no assurance or guarantee has been provided to me as to the results of this service and that with any service involving touch there can be risks and those risks have been explained to me and I assume the responsibility for those risks.

I understand that the Womb Wrap Detox Specialist™ is certified in an Ancient healing art and am comfortable in knowing that she provides non-invasive touch during this service.

I acknowledge and understand that the specialist must be fully aware of any existing medical conditions I may have and that disclosure is my responsibility. I authorize my Womb Wrap Detox Specialist™ and to obtain my information and am aware that all my information will be kept confidential.

By signing this form, I certify that the information I have provided is true and complete to the best of my knowledge and agree to receive the Womb Wrap Detox™. I consent to these services and understand that at any time I may withdraw my consent.

I _____
have read and understand the above information and agree to receive the
Womb Wrap Detox Stimulation and Wrap, including healing touch.

Date _____