

**RETAINER AGREEMENT FOR DSR METHOD CLASSES AT THE DSR CLINIC**

I, \_\_\_\_\_, hereby retain Matthew J Taylor as a movement educator. Although Matthew J. Taylor has many years of experience as a physical therapist, he will not be acting in the role of physical therapist in these classes.

I understand that I will not receive individualized treatment as part of these classes. Any symptoms which are addressed in the classes are to be considered only from an educational perspective and should not be acted upon therapeutically. Individual therapy may be undertaken outside of the group classes. My purpose in attending these classes is to improve health and the precision of my movements so as to create greater freedom of movement, to feel greater energy and to prevent pain.

In participating in these classes, I accept full responsibility for performing only those movements and activities that support and do not jeopardize my health and well-being. I understand that participating in these classes carries a risk of injury as do all physical activities. I agree to hold Matthew J. Taylor harmless for any such injuries. Matthew J. Taylor's role is to provide information, consultation and support in assisting me to understand my body's inner wisdom, and to find my own best movement patterns and alignment. My role is to at all times be awake to the messages my body is sending me and to avoid any activity or movement that may cause pain or apprehension. I will notify him of any activities that create pain or apprehension before proceeding.

I understand Matthew J. Taylor is not diagnosing, prescribing or treating. I agree to consult a physician about any concern I have about a state of pathology, dysfunction, or pain, and to advise Matthew J. Taylor about such concerns.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date