



## **Terms and Conditions for Volunteering in the Cupping Therapy Trail**

Thank you for considering joining our Cupping Therapy trail ! We're excited to have you and want to make sure you understand the details of what you're agreeing to. Here's what you need to know:

### **1. Requirements**

- You need to be at least 18 years old to participate.
- You should not have low blood pressure
- You need to be dealing with lower back pain

### **2. Treatment Sessions**

- You'll receive 3 FREE cupping therapy sessions, each lasting about 30–60 minutes.

### **3. Photography and Videography**

- We may take some photos or videos during your sessions—before, during, and after your treatment.
- We'd also love to hear about your experience in the form of a review or testimonial.
- Please note, these photos, videos, and your testimonial may be used for marketing, research, and promotional purposes, both online and offline.

### **4. Confidentiality and Privacy**

- We take your privacy seriously. Any personal or medical information you share will be kept confidential and used only for the purpose of this trail.
- While we may share the photos, videos, and testimonials publicly, we won't share your personal details (like your name, contact info, etc.) without your permission.

### **5. Voluntary Participation**

- Your participation is entirely voluntary, and you can withdraw at any time

**6. Health and Safety**

- Please inform us about any existing health conditions, allergies, or concerns that could impact your participation.
- Cupping therapy may cause temporary redness, bruising, or some discomfort.

**7. Use of Feedback**

- After completing the three sessions, we may ask for your feedback or conduct an interview about your experience.
- Your feedback could be used for research or promotional purposes.

**8. Agreement to Terms**

- By participating, you're confirming that you've read, understood, and agree to these terms.
- If you have any questions or concerns at any point, don't hesitate to reach out to us before starting the treatments.

If you're on board and feel comfortable with everything, please sign below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We appreciate your participation and are excited to help you!

My intention of this project

What's most powerful about this practice is not just the physical relief it provides, but the confidence it gives people to take control of their health. I've seen people who were once afraid or uncertain about cupping therapy leave with a sense of hope and well-being they hadn't felt in years. This project is about spreading that same sense of healing and confidence to others. I want to help people understand that cupping therapy is not something to fear but a powerful, natural tool that can improve their quality of life.

Through this project, I hope to show people that this therapy can help reduced their pain or discomfort, no matter their age. Cupping therapy has the potential to change lives, just as it has done for so many already—and I'm here to help make that happen.