2. Cuddle Therapy Consent Form

Consent for Cuddle Therapy Session

I, _____, have received full information and understand that Cuddle Therapy is a gentle, complementary, platonic touch-based approach to wellbeing, provided by Mary Jane Orajekwe trading as Sweet Cuddles with Macjay, at my home or another agreed address.

Please tick each statement to show you understand and agree.

☐ I understand this is done through contact and/or non-contact platonic touch, over clothing, and that both of us remain fully clothed at all times.

☐ I am 18 years of age or older.

☐ It has been explained to me that Cuddle Therapy is a complementary therapy. It is not intended to replace any medical treatment I have been prescribed or any other medical care I may be advised to seek. My Cuddle Therapist will neither diagnose nor prescribe for any medical condition.

☐ I have been encouraged to consult a GP or other medical professional for any physical or mental health issues. Some people find sessions help them feel less stressed or anxious, more relaxed and emotionally supported, but no particular result is promised.

☐ No sexual contact. Sessions are strictly platonic and non-sexual. There is no kissing, no touching of intimate areas (genitals, buttocks, breasts/chest), and no sexual requests, comments or behaviour. Both of us stay fully clothed at all times. If this boundary is crossed, I will end the session straight away and the full fee and travel costs remain payable.

☐ Stop at any time. You can pause, change position or stop the session at any moment, for any reason, without explaining. So can I. The word “stop” (or our agreed stop signal) is always respected immediately. We use a traffic-light check-in: green = all good, amber = slow down/adjust, red = stop.

☐ I understand that consent is ongoing. Agreeing to one type of touch does not mean agreeing to any other. Mary Jane will ask before any new type of touch or position, and either of us may change our mind at any time.

☐ I will make any concerns or considerations known to my therapist as they arise, and tell her straight away if anything feels uncomfortable, painful or unwelcome.

☐ I will not be under the influence of alcohol or recreational drugs. If I am, the session will not go ahead and fees are payable.

☐ I will not take photos, video or audio recordings during the session without written agreement.

☐ I have been told that my information and records are handled in line with UK data protection law (UK GDPR and the Data Protection Act 2018). What happens in my sessions is confidential, subject to legal and safeguarding exceptions, which have been explained to me.

☐ My questions about my Cuddle Therapist’s background and training, Cuddle Therapy, and what to expect from this session have been answered to my satisfaction.

We have talked about (before touch begins)

☐ The types of touch and cuddle positions we are considering

☐ Areas of my body that may or may not be touched

☐ Clothing

☐ How I can show discomfort, pause or stop

☐ Any physical limits, access needs or circumstances affecting my safety

☐ Mary Jane's role, boundaries and the limits of the service

Release

Except in the case of negligence, gross negligence or malpractice by my therapist, I agree to release and hold harmless Mary Jane Orajekwe (Sweet Cuddles with Macjay) from claims arising out of or in connection with my session(s). This does not affect my statutory rights or any liability that cannot be excluded under UK law, including for death or personal injury caused by negligence.

Agreed for this session

Touch agreed: _____

Areas not to be touched: _____

Stop signal: _____

☐ First session: minimum 3 hours (includes consultation) ☐ Standard session: 1 hour

Health and data consent

☐ I give explicit consent for Mary Jane to record the health information I have shared, only to keep me safe during sessions.

I consent to receive Cuddle Therapy from Mary Jane Orajekwe, Cuddle Therapist (CPI-certified).

Client signature: _____ Print name: _____ Date: ____/____/_____

Practitioner (Mary Jane Orajekwe) signature: _____ Print name: _____ Date: ____/____/_____

Your data (UK GDPR). Sweet Cuddles with Macjay (Mary Jane Orajekwe, sole trader) is the data controller. I collect only the information needed to give you safe sessions. Health information is special category data and I only record it with your explicit consent. Forms and notes are stored securely (locked/password-protected), never sold, and only shared if the law requires it or there is a serious risk to someone's safety. Records are kept for [RETENTION PERIOD, e.g. 6 years after our last session; confirm with insurer] and then securely destroyed. You can ask to see, correct or delete your data, or withdraw consent, by emailing hello@sweetcuddleswithmacjay.co.uk. You can complain to the Information Commissioner's Office (ico.org.uk).