

CONSENT AND LIABILITY WAIVER FORM

It is my choice to receive Energy Medicine Sessions. I realize that the treatment is being given for the well-being of my body, mind and spirit. This includes stress reduction, relief from muscular tension, spasm or pain or for the increasing circulation or balancing energy flow.

I understand that Certified Eden Energy Medicine Practitioners do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical treatment. I acknowledge that Energy Medicine is not a substitute for medical examinations or diagnosis. It is recommended that I see my primary health care provider for exams and diagnosis. I acknowledge that these private sessions are complimentary to any medical care I am receiving and if I deem appropriate I may request a conversation between my primary care provider and Margot Zapp to discuss how they can work together for my well-being.

I have discussed with Margot Zapp the nature and purpose of our sessions and my expectations. I understand that results will vary depending on the individual and the extent of their condition. It is the client's responsibility to notify the practitioner immediately if the client should feel their well-being is being compromised in any way.

All sessions are fully clothed and set in a very professional environment. If at any time either the client or the practitioner feels their personal space is being compromised in any way including sexual advancement the session will immediately end.

During each session toxins will be released; please drink extra water to facilitate this elimination. Homework will be given after each Energy Session and it is up to the client to perform these simple procedures. Recognize that the extent to which the energies move is dependent upon the client's participation and commitment to the homework.

POLICIES

*** 24 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

***No-shows:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their missed appointment or required to pay before scheduling another appointment.

***Late Arrivals:** If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the full session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and make reasonable efforts to be on time. Thank you.

I have read the above and have had the opportunity to ask questions about the content.

Client Name _____ Date

Client Signature _____ Date