I hereby agree to the following:

1. I understand that **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** is **NOT** a licensed therapist, psychologist or health care practitioner and offers EFT Tapping (Emotional Freedom Techniques) as a Self-Help Holistic Approach to Healing. *(Please initial) \_\_\_\_*
2. I understand that EFT Tapping is considered an experimental procedure and is not a substitute for medical, psychological or psychiatric treatment or medications. *(Please initial) \_\_\_\_*
3. I understand that **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** does **NOT** diagnose illness or disease and does not prescribe medications. I agree **NOT** to discontinue or change any medications I am taking while working with **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** without consulting my doctor. *(Please initial) \_\_\_\_*
4. I understand that EFT Tapping is a procedure that may bring unresolved and distressing memories and related emotions and physical sensations into my awareness, and it is possible that disturbing material may continue to surface after a Session and require further work. *(Please initial) \_\_\_\_*
5. I understand that previously traumatic memories may lose their emotional charge, and this could adversely affect my ability to provide convincing legal testimony. *(Please initial) \_\_\_\_*
6. I understand that all information I share with **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** is confidential, and that no information will be released to any third party without my express written consent, with the following exceptions:
* When there is imminent risk of danger to me or another person. *(Please initial) \_\_\_\_*
* When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse. *(Please initial) \_\_\_\_*
* When a valid court order is issued for session records. *(Please initial) \_\_\_\_*
1. I understand that I will be participating in Sessions held at **my home** but taught from **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac Virtual Business Location.** *(Please initial) \_\_\_\_*
2. I understand that Mindful Breathing and Meditation may be incorporated into my Sessions. I knowingly, voluntarily, and expressly waive any claim I may have against **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** for injuries or damages that I may sustain because of participating in these Sessions. I agree to assume full responsibility for any risks, injuries or damage, known and unknown, which I might incur because of participating in all Sessions.*(Please initial) \_\_\_\_*
3. I understand that if during the first **ten minutes** of any Session I wish to stop the Session for any reason, that is my right, and I will **NOT** be charged. However, after this time, although I can still stop the Session whenever I wish, I agree that a Service has been provided and due payment will be required. *(Please initial) \_\_\_\_*
4. I understand that **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** has the right to stop the Session whenever they feel the need. *(Please initial) \_\_\_\_*
5. I agree to take complete responsibility for my own comfort, health and well-being while working with **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac**. *(Please initial) \_\_\_\_*
6. I understand that all Sessions will be **held virtually via Zoom**. *(Please initial) \_\_\_\_*
7. I understand that **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** will send the Zoom Link **the day before** my Session. *(Please initial) \_\_\_\_*
8. I understand that **Blissful Love and Light, LLC DBA Spiritual-Healer/Jac** has a **2-hour cancellation policy** and, I agree to pay for any booked Sessions that have not been canceled 2 hours in advance. *(Please initial) \_\_\_\_*
9. I have read the above release and waiver of liability and fully understand its contents. *(Please initial) \_\_\_\_*
10. I understand that I am signing this contract of my own free will. *(Please initial) \_\_\_\_*

Please Print Name

Please Sign Here

Date