



Energy Work Consent and Release

Name _____
Email _____
Phone _____
Address _____
City, State, Zip _____

I, the undersigned, understand that the energy work session given involves a natural hands-on method of energy balancing for the purpose of pain management, stress reduction, and relaxation. I understand very clearly that these treatments are not intended as a substitute for medical or psychological care.

I understand that energy work practitioners do not diagnose conditions, nor do they prescribe medicines, nor interfere with the treatment of a licensed medical professional. It is recommended that I seek a licensed health care professional for any physical or psychological ailment I have. I understand that the practitioner will be placing hands on me during the energy work session.

I understand that Angela Green is an ordained minister from the Universal Life Church Ministries and I accept their religious philosophy and am a practicing member of their church; do only that which is right, and every individual is free to practice their religion however they like as long as their actions do not impinge upon the rights or freedoms of others and are in accordance with the law.

Energy sessions are part of my religious/spirituality practice.

Printed Name

Date

Signature