Name of client:

DoB:

Address:

Doctor and surgery:

|  |
| --- |
| * **I give permission for Kathy Blee to work with me using EFT techniques.** |
| * Sessions will take place using Zoom or in person. |
| * I understand that EFT can open deep and troubled memories/issues, I take full responsibility for my own actions and emotions during and after the session. |
| * I understand the risks involved in an Animal Therapy session and I take full responsibility for myself (or child) when around the animals and I will always listen to Kathy when on site and around livestock. |
| * Ridden sessions – I understand that ridden sessions are on my own horse/pony, and know the risks involved in riding and I ride at my own risk. |

On signing this form, I understand, accept, and agree to all the above.

Signed: (electronic)

Date: