Name of client:

DoB:

Address:

Doctor and surgery:

Name of Parent/Guardian:

|  |
| --- |
| * **I give permission for Kathy Blee to work with my son/daughter using EFT techniques.**
 |
| * **Sessions will take place using Zoom or in person.**
* **Although I may not be visible on webcam, I confirm that I will be present in the room throughout the session.**
* **Or in studio/arena.**
 |
| * I understand that EFT can open up deep and troubled memories, I take full responsibility for my own (or child’s) 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: