**Release and Consent**

I understand that Jenna Murph is professionally trained as a Certified Clinical Aromatherapist, a Certified Healing Touch Spiritual Minister Practitioner, a Certified Sound Healer, Trained in Light Body Alignment, Trauma Informed Equine Assisted Learning, and Ordained as a Holistic Spiritual Minister Practitioner, and as such does not diagnose or prescribe for those issues, diseases, disorders, or conditions that I may present.

I understand that Jenna Murph can through the use of the above energy-bases integrative modalities, teaching techniques, and methods she has developed, such as prayer/intention, meditations, hands-on and hands-off touch techniques, and anointing with therapeutic essential oils from nature, can help me achieve balance and harmony in my physical, emotional and spiritual body. Anointing may include application of essentials oils diluted or undiluted to the soles of my feet, hands, brow or other parts of my body that I deem acceptable. I understand that these methods can possibly reduce stress, provide comfort, improve my quality of life, enhance peak performance, and detoxify my body of environmental toxins that I have eaten, drunk, inhaled or absorbed. These certifications and certificates qualify her to help me make more informed decisions about my own life and health care.

I understand that I am responsible for my own health, healing and well-being; and that Jenna Murph cannot diagnose, treat, heal or cure me of anything. I also understand I have the ability to heal myself by taking care of my body, resolving my emotional issues, changing my thinking, believing my intuitive insights, and surrendering Divine healing and guidance. I further understand it is my responsibility to advise Jenna Murph of any medications I take, any therapies I am undertaking, and any allergies and sensitivities I have. I further understand integrative and complimentary healing techniques are not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand all physical, emotional, and spiritual healing may cause me some minor discomfort in the form of aches and pains, headache, emotional release or increased emotionality. Should I decide to use essential oils, I understand that essential oils may provoke allergic type responses in the form of a rash or redness on the skin, shortness of breath and/or other allergic type responses. I have a responsibility to let Jenna Murph know if I experience any such responses.

I understand Jenna Murph will keep all information she learns about me completely confidential unless I release her in writing or as required by law. I understand Jenna Murph charges a session fee payable by cash, check or debit/credit card at the time services are delivered.

I acknowledge that I have read and understand this form. I agree to allow Jenna Murph to help me learn to heal myself using the natural healing techniques and modalities herein listed.

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name if other than client\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_