Elizabeth Margaret Godson
EFT International Certified Practitioner

Consent to Energy Therapy

I,_____(the undersigned client)
request and consent to receive Energy Therapy from Elizabeth Margaret Godson.

I am aware that this technique is not a medical treatment, nor a substitute for professional medical, naturopathic, chiropractic, psychological or psychiatric care and that for any such, I promise to consult professional medical care.

I am also aware that Energy therapy is a practice that only seeks to balance the energy fields of the human body. It is an attempt to clear the body's energy system of errors and interference and allow the body to heal itself. Balancing means the optimum flow of energy, which creates harmonious functioning of the body.

The client agrees to assume full responsibility for any medical condition, disclosed or undisclosed, any drug or alcohol use, or any serious mental or emotional problem that he/she may have.

Liability Exemption Clause

It is agreed between the client and the practitioner that Elizabeth Margaret Godson will not be held liable for any personal injury of any nature whatsoever that arises or is a result of or caused by or contributed to by Energy Therapy; or is the result of, or by any failure to continue supplying Energy Therapy and balancing.

I have read this notice and understand and agree to its contents.

Client's Name_____(please print)

Signature_____Date_____