

## **Energy Healing Consent and Release Statement**

**I, the undersigned, understand that the Energy session given possibly 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 also understand that Energy Healing can be done from a distance.**

**I understand that Energy 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 or my energy field during the Energy Healing session.**

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**Printed Name      Date**

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**Signature**