

Consent to Balancing Procedure

TAKE NOTICE THAT THIS IS A REQUEST FOR A
BALANCING PROCEDURE AND CONTAINS A
LIMITATION OF LIABILITY EXEMPTION CLAUSE

I, _____ (The undersigned Client or Parent/Guardian of the client under 18) request, and consent to receive, a Balancing Procedure from Susan Baroni.

I am aware that the Balancing Procedure is not a medical treatment and is not a substitute for professional medical, naturopathic, chiropractic, psychiatric, or psychological treatment.

I am also aware that the Balancing Procedure is a holistic practice that only seeks to balance the energy fields of the human body. Balancing means the optimum flow of energy, which creates the harmonious functioning of the body.

I understand we are working with my perception of "emotional reality" and this will be honored as such. Emotional reality may or may not correspond with actual or Historical reality.

I also hereby give my consent for Susan Baroni to consult with other professional practitioners regarding my case, to assist my healing process as deemed necessary by Susan. I understand that my name will not be used to protect my confidentiality.

I agree to assume full responsibility for any medical condition, disclosed or undisclosed, any drug or alcohol use, or any serious mental or emotional problem I may have.

EXEMPTION OF LIABILITY CLAUSE: It is hereby agreed between myself as the Client, and Susan Baroni as the Practitioner, that in consideration me receiving the Balancing Procedure, Susan shall not be held liable, in contract or in tort; for any personal injury of any nature whatsoever that arises from, or is the result of the Balancing Procedure.

I am over 18 years of age and I have read this notice and understand its contents.

Signed on this _____ day of _____ 20__ at Westlake Village, California.

Signature _____ (Parent/Guardian if applicable)

Client's name: _____ (Please print)