

The Energy Whisperer Consent Form

I, _____, hereby consent to and authorize Marie Larson at The Energy Whisperer LLC to provide energy work (Resonance Repatterning, Polarity, Cranial Sacral/Unwinding).

I understand that the energy work I am going to experience is a form of holistic healing which can use bodywork, verbal counseling, modalities, exercise and diet. Energy bodywork can range from gentle on-body and off-body manipulations to active manipulation and pressure point stimulation, sessions may also include dialogue and consultation.

I understand that the energy work is not intended to replace any other forms of medicine, psychotherapy and/or professional treatment. The Energy Whisperer LLC is complimentary to all forms of therapy. This is a hands on, non invasive treatment, no medicine is given.

Possible side effects can include:

- 1) Muscle soreness for up to 2 days
- 2) Tiredness
- 3) Release of painful memories, emotional trauma that is stored in the body as tension
- 4) Nausea
- 5) Release of lactic acid or toxins stored in body tissue

**It highly recommended to drink lots of water to help the body process and self heal.*

I understand that if I require professional therapeutic services and medical help I should schedule an appointment with those professionals. I further understand that every possible effort will be made that I have an enjoyable healing experience and Marie Larson will follow ethical and professional guidelines.

I agree:

- 1) To fully disclose any physical or mental health issues that may be necessary to know in order to assure my safety and/or to prevent my physical or emotional injury.
- 2) To inform immediately if anything is physically or emotionally uncomfortable or painful.
- 3) Of any medications taken that could affect the session
- 4) To call if any or notify if any lingering, adverse side effects.
- 5) To release The Energy Whisperer LLC and Marie Larson from legal liability.

Your signature below constitutes your acknowledgement that you have read and agree to the above and hereby give your authorization and consent.

Signature: _____ Date: _____

If consent is to give a session to a minor, relationship to minor: _____

Minors Name: _____