

Awaken Balance BodyTalk Consent Form

I, _____ (print name), understand that BodyTalk sessions performed by Dr. Leslie Deems, Certified BodyTalk Practitioner, are intended to enhance relaxation and increase communication within areas of the body. I understand that treatment sessions are not a substitute for medical treatment or medications. I am aware that the practitioner does not diagnose illness or disease, nor does the practitioner prescribe medications.

I understand that participation in the treatment is voluntary and that at all times I may choose to end my participation. In addition, treatment entails light tapping and touching of energy points on the body. The practitioner will inform me where tapping and/or touching by the practitioner and myself will occur, thus allowing for my ongoing consent.

I understand that information exchanged during any treatment is educational in nature and is to be used at my own discretion. I also understand that any information imparted during treatment is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my treatment and I hold harmless the practitioner, health clinic, and facility/location where the treatment is provided from all demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, damages, and any and all claims, demands and liabilities whatsoever of every name and nature, both in LAW and in EQUITY, that might arise as a result of my treatment sessions.

I agree to pay a \$105.00 fee per session, or purchase packages of 6 or more sessions at \$85 per session. Payment by cash, cheque, Venmo, or PayPal is due at the time of service. Since time has been especially reserved for me, I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.

If I have any questions or concerns, I will address these promptly with the practitioner. I hereby authorize Dr. Leslie Deems to provide me with BodyTalk sessions.

Signature _____ Date _____
Address _____ Postal Code _____
Phone # _____ Email _____
Birth Date _____ Age _____
I would like to receive your monthly e-newsletter _____ YES _____ NO