

# Vibrant Transformation Informed Consent Form



I \_\_\_\_\_ (print name) understand that the session provided by this practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. These therapies are non-invasive, safe, and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that these therapies 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.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_