

# Registration and Release Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred contact - please check  Phone  Text  Email

How did you hear of this office? \_\_\_\_\_

I understand sessions provided by RHonda Grimes, CECP, CBP, BIT, are intended to educate, enhance relaxation, increase communication within the areas of the body, and to assist me in being aware of possible energetic or emotional blocks that may create pain and disease. Techniques used are non-invasive and proven safe; utilizing the body's own innate intelligence to reestablish communication within itself.

I understand RHonda IS NOT a psychologist, psychiatrist, or other type of licensed mental health counselor/therapist or medical professional. RHonda DOES NOT diagnose, treat, cure or prevent any illness, disease, or psychological disorder. In addition, I understand nothing said during my sessions should be considered a recommendation to quit seeing any of my health care professionals or using prescribed medication (if any) without seeing my health care professional. Processes and procedures used during our interaction are meant to allow the body/mind to balance energies and areas of challenge. Nothing said or done during sessions should be construed as medical or psychological advice.

I understand it is possible during the shifting and calibration of energy for certain emotional or physical sensations and/or unresolved memories to surface which I could choose to perceive as negative side effects, and if they continue to surface, may indicate other issues need to be addressed. I knowingly, voluntarily, and intelligently assume responsibility for all decisions, feelings and any actions I might choose to take as the result of these sessions and therefore, understand I am not guaranteed any specific outcome regarding any particular issue.

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

(Parent or Guardian if under 18)

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