



Release Form

I, _____, born on ____/____/____, hereby give my consent for my participation in The Emotion Code sessions provided by Paj Wheeler At Euphoria Pediatric and Family Wellness. I understand and agree to the terms outlined in this release form.

1. Modality: The Emotion Code. This is a tool using Applied Kinesiology(muscle testing) to find and process trapped emotions.
2. Service limitations: I understand that I am not working with a Psychologist or a Doctor, and I will not be given medical advice.
3. Purpose: I am seeking energy healing to address concerns related to[briefly describe the primary reason for seeking care]. _____
4. Possible risks: I understand there is a possibility of feeling uncomfortable or negative emotions.
5. Liability Waiver: I waive any right to hold, Paj Wheeler or Euphoria Pediatric and Family Wellness, liable for harm or perceived harm that may result from my healing sessions.
6. Confidentiality: I understand that the information discussed during our sessions is confidential and will not be disclosed to third parties without my explicit consent, except in situations where disclosure is required by law(eg., if there is a risk of harm to myself or others)
7. Duration and termination: I understand that energy healing is a collaborative process, and I have the right to terminate sessions at any time. The CECP may also determine that termination is appropriate based on progress and goals.
8. Rights and Responsibilities: I have the right to ask questions, receive information about the energy healing process, and provide feedback. I am responsible for attending scheduled sessions and actively participating in the healing process.
9. Electronic communication: I understand that electronic communication methods, such as email or text messaging, may be used for appointment reminders or administrative purposes. I acknowledge that electronic

communication may not be completely secure and agree to potential risks involved.

I have read and understand the contents of this release form. I willingly consent to participation in energy healing with Paj Wheeler and agree to abide by the terms outlined herein.

Signature:_____ **Date:**_____

Adolescent's signature(Parent/ Guardian if under legal age):_____

_____ **Date:** _____

Witness's signature (if applicable):_____ **Date:**_____

