

Anne B. Rice
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INFORMED CONSENT

Dear Participant,

Due to the current state of our medical legal system, it is important that you read, understand and sign this consent form.

I _____ acknowledge that Anne B. Rice is not responsible for any medical diagnosis, treatment or psychological wellbeing. I understand that the medical profession does not necessarily recognize or understand “Energy work, therapeutic session work, guided meditations and discussions”. Therefore, I will continue to see my regular doctor or counselor, and all medical or psychological decisions will be made explicitly between my health professional and myself. I understand that I am fully responsible for communicating with Anne B. Rice regarding any special health needs, issues or concerns, psychologically or physically that may be sensitive to change. I understand that “Energy work, session work, discussions, teachings and meditations” will uncover many hidden issues in myself, which may lead to some discomfort and disruption, as changes are integrating into my life. I accept this change and still choose to participate in this form of teaching, guided meditations and healing. I further understand that no results have been implied or guaranteed to me personally by Anne B. Rice.

If participating in session work with Anne B. Rice, I have been duly informed that many personal issues will be revealed in myself. I understand that I AM FULLY RESPONSIBLE for myself at all times and if I am unwilling to confront my issue, I must choose to say NO, otherwise a YES to revelation and healing will be inferred. I, Anne B. Rice, will try to be sensitive and aware of each person’s needs, yet I cannot take responsibility for each person’s choices.

Please check here if you are writing on the back of this form _____

I certify that to the best of my knowledge, I do not have any medical or psychological condition or any physical issues, which would prohibit me from participating in healing sessions, receiving teachings or doing guided meditations. If using any medication, or if I have any medical or psychological condition, I will notify Anne in writing on the back of this form. Being 100% responsible for Myself, I am open to receive and benefit in all ways from “Energy work, therapeutic session work, guided meditations and discussions” with Anne B. Rice.

Participant _____

Date _____

Witness _____

Date _____