

BodyTalk Consent Form

I, _____ (print name), understand that the BodyTalk or Veltheim Method of Lymphatic Drainage session provided by Sherry Gilbert, Advanced Certified BodyTalk Practitioner, is intended to enhance relaxation and increase communication within areas of the body.

I understand that the BodyTalk System is not a substitute for medical treatment or medications. I am aware that the BodyTalk practitioner does not diagnose illness or disease, nor does the Practitioner prescribe medications.

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

I understand that information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions 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 session and I hold harmless the IBA, BodyTalk practitioner, health clinic, and facility/location where the session is provided.

I agree to pay \$125 for BodyTalk sessions. Prices may change without notice. Payment in cash, cheque, MC or Visa is due at the time of service. For distance sessions, payment can be made via email money transfers to sherry@bodydtalkgilbert.com or through the secure link for credit card payments that Sherry will send to you. 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 BodyTalk practitioner. I hereby authorize Sherry Gilbert Adv CBP, CBI. to provide me with BodyTalk or Veltheim Method of Lymphatic Drainage sessions.

Signature _____ Date _____

Address _____

Email address _____

Phone Number(s) _____