

A Healing Place



Application and Consent Agreement for Treatment

I understand the purpose of this treatment is to balance the energy flow within the body. This is done through direct hands-on-healing work and education of the body so that greater comfort and efficiency are achieved through facilitating bodily functions.

I understand and agree that this session is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. This work is meant to be in harmony with any other healing work I undertake, including traditional medicine.

The practitioner does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder of the person. Nothing said or done by a practitioner should be misconstrued to be such.

I understand that it is necessary for the practitioner to touch my body in order to assist me in establishing improved energy balance. I give Deborah Singleton and any staff of AHP Enterprises, Inc. as practitioners, my permission and consent to do everything reasonable and necessary to assist me in establishing this balance, including, but not limited to, touching my body and the energy field surrounding it. I give the practitioner full privilege and license to work on my body in such a way as to restore and establish energy balance.

I understand and agree that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of treatment. I understand and agree that Deborah Singleton and any staff, as practitioners, have made no warranties or representations to me, expressed or implied. I release Deborah Singleton and AHP Enterprises, from all claims of non-disclosure or non-informed consent and agree to be responsible for my own healing.

Except in case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Deborah Singleton and any staff of AHP Enterprises, Inc. from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Furthermore, I agree to give not less than 24-hour notice of cancellation of any scheduled appointment. If I fail to do so, I agree to pay the full price of the scheduled session. What is written here is our complete and exclusive agreement.

Signature

Date