



RELEASE STATEMENT

I hereby authorize Patricia Saborio-Koike, Certified Spiritual Counselor and Energy Healer to perform healing energy work on me and for future purposes as discussed in the initial consultation. I understand that the success of my healing therapies depends greatly on my own ability and desire to affect change in myself.

I understand that because the results of my sessions depend greatly on my own serious participation that Patricia Saborio-Koike, Certified Spiritual Counselor and Energy Healer cannot offer any guarantee of the success of my treatment. I am aware however, that Patricia Saborio-Koike, Certified Spiritual Counselor and Energy Healer will do everything in her power to ensure my success.

I also understand that I have other choices from which to seek assistance regarding any specific concerns. At this time I have chosen Spiritual Energetic Healings and/or Spiritual Counseling.

Signature

Date

I understand that during my sessions the Healing Practioner may touch me as an anchoring technique. The Practioner has demonstrated to me such touch and I hereby give my permission for such touch to take place during any sessions now and in the future and will not hold liable Patricia Saborio-Koike, Certified Spiritual Counselor and Energy Healer under any circumstances.

Signature

Date