

Harmony Heals, Inc



Waiver Form Kinesio-Emotional Release System

I, the undersigned, understand that Kinesio-Emotional Release System (KERS) does not guarantee any specific results. It is not a medical procedure. It is a system used for the exploration of emotional and spiritual discomfort in the effort to understand it, and find positive manners in which to release it and bring it into balance. My participation and sustained effort is required to make successful usage of the healing and balancing suggestions given to me by the practitioner for my own personal journey to inner well being. The practitioner or Harmony Heals is not responsible for my effort or lack of.

I enter into each session of my own free will, willing to look at my discomfort and participate in its process of healing. I understand that this process takes time, and does not happen over night, or from one session, or quickly. It requires a sustained effort to bring about positive results, and although the practitioner is guiding me, sharing her/his knowledge with me, and offering me tools for success, it is up to me to create this success. The practitioner will help me do this to the best of her/his ability.

I understand and agree to the above description and information of the process entailed in Kinesio-Emotional Release System. I am free to ask any questions I have about the process at any time. The KERS practitioner and Harmony Heals are not responsible for my current or future mental, physical, spiritual or emotional health.

Date _____
Signature of client or client's representative

Authority or relationship of representative

Date _____
Translated by

