



Energy System Consultations are not a substitute for medical care or for the advice of your physician, psychiatrist, or therapist. If you are experiencing any specific medical or mental health problems, it is your responsibility to immediately seek and to rely upon advice provided by your physician, psychiatrist, or therapist.

By your signature below, you agree to assume full responsibility for insuring any action you take as a result of your participation in any Energy System Consultations is consistent with the advice you are receiving from your physicians, psychiatrist, therapist, or other health care professional(s).

You further agree to release and hold harmless Partners 4 Human Potential, Inc., Living Lotus Massage, Kaori Oto, and its affiliated organizations and agents from any liability in connection with your participation in any Energy System Consultations.

We offer you (free of charge) the option to digitally record your consultation - provided in CD Audio format. If you choose this option we make a reasonable effort to provide the recording. However, we cannot guarantee its delivery as unforeseen technical problems can occur.

Your participation in any Energy System Consultations is completely voluntary and may be terminated at any time.

Participant Name (Please Print) \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Email \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guardian Approval For Participants Under 18 Years of Age

I give my permission for \_\_\_\_\_  
 to participate in Energy System Consultations.

Signature of parent or legal guardian \_\_\_\_\_

Guardian Address (If different from above address)

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_