Release & Disclosure Form
Emotional Freedom Techniques (EFT)

Emotional Freedom Techniques (EFT), is a member of a new class of techniques and protocols referred to as Energy Methods (EM). While still considered experimental, these techniques are being used by health care providers, coaches, and lay people worldwide. While there are theories as to how they work, why they work, and why they sometimes don't work, there is no accepted scientific explanation. There are over 100 peer reviewed research projects that indicate that EFT is effective for clearing a variety of issues and symptoms. However, because of its experimental nature, no EFT practitioner knows with certainty in advance how someone can be helped or if the techniques will help a particular person with a particular problem.

I agree to accept full responsibility for my emotional and physical health. I assume and accept the risk of any adverse outcome that might result from using the techniques. I recognize that EFT practitioners do not recommend that I stop using any prescribed medicine or other therapy that I may be using, without consulting my health care provider, even if the techniques appear to indicate that such medicine or therapy is unnecessary. To date, EFT has yielded exceptional results, however, **EFT is NOT meant to replace appropriate medical treatment or mental health counseling**.

I fully release Gary Craig, EFT founder, Sheryl Harrell, MA/A.B.S. from any and all claims and causes of action that I presently have or may have in the future relating to my participation EFT sessions.

I represent that Sheryl Harrell will have no liability to me for any damage to my emotional or physical health arising in any way whatsoever out of EFT sessions or my use of these techniques.   [Note: If you use these techniques on yourself, you must agree to take full responsibility for your own well-being].

Disclosure – Sheryl Harrell is not a licensed physician or mental health practitioner.

I certify that I have read and understand the above release and disclosure statements.

_____   _____   _____
Client Name   Signature   Date

_____   _____   _____
Practitioner Name   Signature   Date