



FOR CHILDREN UNDER THE AGE OF 18 YEARS

BodyTalk Informed Consent Form

I _____ **PARENT**
(print name) understand that the BodyTalk session provided by this Certified BodyTalk Practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. BodyTalk is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to reestablish communication within itself.

I understand that BodyTalk is not a substitute for medical treatment or medications. I am aware that the BodyTalk Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

NAME + AGE OF CHILD _____

Signature: _____
OF PARENT

Date: _____