

2010 CLIENT AGREEMENT

Client Agreement Form: Independent Holistic Health Facilitator's Service Agreement *Holistic Health and WellBeing, LLC, dba Cathleen L. Balfour*

As a client of the Independent Energy Therapy Facilitator, and Holistic Health and Wellbeing, LLC, and Cathleen L. Balfour signed below, I understand that the nature of the services rendered in the energy therapy and/or healing process is that of a spiritual support in the holistic health and energy work processes provided through specific, subtle energy techniques. I understand that the energy support process can assist in enhancing all aspects of wellbeing.

Cathleen L. Balfour is not a medical doctor and has made no claims as to the curative effect of the energy therapy process. I enter this agreement to receive services with the understanding that this energy work represents a form of Spiritual/Holistic Support and is not intended as a means of clinical diagnosis or to replace traditional medical care. In accepting the supportive spiritual energy work process of the Facilitator therapeutics, I am willing to accept responsibility for any and all effects of this treatment, understanding that the facilitator serves only to stimulate my own innate powers of wellbeing.

I acknowledge that the success of all energy modalities depends upon one's personal relationship with his/her private spiritual being. There are no known side effects associated with energy applications, other than the frequently reported increase in the sense of wellbeing.

My acceptance of services implies that I release the Facilitator and all her affiliates from any and all liability related to the administration of the spiritual techniques and energy practices contained in this Spiritual/Holistic Support. With my signature, I give consent to the Facilitator for the administration of the Spiritual/Holistic Support described above. Additionally, I understand that the charge for Cathleen's sessions is \$105 per 45-minute session or \$2 per minute and that I will be charged for Cathleen's services whether my session is in person or on the phone. *This includes all calls after hours and on weekends.*

I acknowledge that this client agreement form is intended to provide me with clear understanding of the Facilitator's services, and my rights and responsibilities in relation to such services. I have read this agreement, or it has been read to me, and I affix my signature below as my statement of entering into this agreement with the Facilitator in good faith, so I may request the services of the energy work facilitation with clear understanding and appropriate expectations.

Client Signature _____ **Date** _____
Client Name, Printed _____ **Date of Birth** _____
Address _____ **State, Zip** _____
Phone _____ **Email** _____

Please sign and mail to:

Cathleen L. Balfour
Scan and send to cathleen@cathleenbalfour.com
PO Box 28972 • Spokane, WA 99228 • 509-467-3060
www.cathleenbalfour.com