



RENEWED ENERGY

UNLOCK YOUR INNER POTENTIAL

Renewed Energy Waiver Forms

Participation Acknowledgement

At Renewed Energy, LLC, we provide a unique way to uplift and support body, mind, soul, and energy. We use the skills that we have been given, skills that we have refined, and skills we continue to obtain to assist you in exploring thoughts, feelings and actions regarding your past, present and future. We would love to help you reduce stress, gain clarity, understand acceptance and unlock your inner potential while teaching you how to gain power and control within yourself and receive emotional freedom and renewed energy. We can't wait to work with you to remove barriers to your future success and gain renewed energy!

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With my signature, I verify that I have read the above material, I understand that the work I do with Renewed Energy cannot be guaranteed and I consent to participating in a consulting and coaching relationship. I understand the credentials held by Amber and Heather and understand that they cannot diagnose any potential illnesses or disorders. I understand that just as with any medical or mental health practitioner, self-care consultants and EFT coaches may consult with each other about my case, but sharing of information beyond that would only be done with my permission unless I have disclosed information about hurting myself or others, or the intent to do so.

Signature: _____ Date: _____

Printed Name _____

Release of Information

As you may understand, just as with most things of this nature, we do not provide a guarantee for EFT, however, this technique has evolved from many other techniques and theories spanning hundreds of years. Over a decade of intentional research has proven this technique to be highly effective in a wide variety of clinical trials, research studies, and current practical application.

I understand that services provided through Renewed Energy are complementary and alternative in nature to what is traditionally among medical and mental health care practices. I give permission to share information, either from or to Renewed Energy, with those providing medical health care or mental health care, either in verbal or written format:

Business/Individual: _____ Phone: _____

Subject(s) to be shared: _____

Business/Individual: _____ Phone: _____

Subject(s) to be shared: _____

Business/Individual: _____ Phone: _____

Subject(s) to be shared: _____

Signature: _____ Date: _____

Printed Name _____

Payment Agreement

I understand that payment is expected upon receipt of services and that insurance will not be charged. Hourly session rates are \$120. There are package options available that may reduce my overall out of pocket expenses. If I need to schedule a shorter session, 30-minute sessions are available for \$80. As a general rule, sessions will be held virtually.

Signature: _____ Date: _____

Email: _____ Phone: _____