

RELEASE FORM

I _____ acknowledge that Mary Louise Hayes is not

Responsible for any medical diagnosis or treatment, or psychological changes which may result from this session. I will continue to see my medical doctors or counselor, and all medical or psychological decisions will be made explicitly between myself and these health professionals. I further understand that no results have been guaranteed by this process.

Signature

Date

Please sign, date and return with your payment.

This confirms your appointment. Thank You.