

**GENERAL RELEASE and SERVICE AGREEMENT**  
“Client Release Form”

Name:	
Birthdate: *must be 18 years of age or must have guardian consent	
Address:	
Email:	

This Agreement and Release is between Erica Eriksdotter, (Studio Eriksdotter, LLC) and client(s) for “Healing” Services.

I, \_\_\_\_\_, being of sound mind am aware and have been informed that my interpersonal sessions with Erica Eriksdotter are informational in nature. I understand that Erica gives suggestions based on observations and experiences and anything I do or do not decide to do is my choice, and I take full responsibility for all consequences.

I also understand that all material provided by Erica Eriksdotter in person, by telephone, via electronic mail, on <http://www.StudioEriksdotter.com> is provided for entertainment, educational, or informational use only, is not accredited by a certified mental health professional, and is not intended to be used in lieu of medical or emotional therapy for those in need of psychiatric or emotional care. I agree not to disclose to others the exercises and/or specialized knowledge that I am taught by Erica Eriksdotter. I understand that ALL written material provided to me by Erica Eriksdotter is copyrighted and any reproduction of materials is a violation of copyright law.

I realize that Erica Eriksdotter serves as a coach and support partner and I will consult with an appropriate health care provider as necessary. I also am aware that Erica Eriksdotter is not a licensed therapist, health care provider, or mental health professional. I am willing to accept personally the risks inherent with services and agree that Erica Eriksdotter bears no personal or legal responsibility for any advice or recommendation or for any consequences thereof.

The undersigned does hereby give Erica Eriksdotter permission to use the information gathered during these procedures, with personal identification removed, for research and educational purposes. Our work together can be terminated at any time by either Party.

I acknowledge that payment via cash or check or credit card (payable to Erica Eriksdotter) is required prior to the session. I understand that Erica Eriksdotter requires a 24 hour cancellation policy and if a session is canceled less than 24 hours prior to the session, full payment is still required. I understand that results may be subjective; and payment for services that are provided is without any expectation of discount or reimbursement, as none will be provided.

By typing my name below between a first and second slash (as indicated) I hereby consent to the use of my “electronic signature” as if it were an original ink signature.

CLIENT:

\_\_\_\_\_  
Name:  
Date Signed:

HEALER:

\_\_\_\_\_  
/Erica Eriksdotter  
Name:  
Date Signed: