



ACKNOWLEDGEMENT AND CONSENT FORM

I have been advised and understand that part of the Biofield (Energy) Psychology treatment(s) I will receive uses a clinical kinesiology technique called “**muscle testing.**” This technique may be used for the following purposes: 1. Helping me understand what is interfering with my pursuit of my goals; 2. Locating that interference on the emotional, physical, mental, electrical, and if appropriate, spiritual levels; 3. Determining which interventions to use to desensitize and transform it.

Muscle testing is a form of natural biofeedback and accesses a layer of information stored in the body and below, but also including, the conscious cognitive level. The specific method of muscle testing used involves testing the strength in a muscle, usually in the arm, fingers, or legs after making a statement or referring to an issue. You can also self-test and your practitioner is willing to teach ways you might use to do this.

I found the following method more reliable and self-empowering:

The tilting method

- You will stand up straight, relaxed and if possible, face north
- You say to yourself "Yes goes forward and no goes backward". Do this several times.
- Then say: “From my soul and deepest wisdom, give me a yes”.

If you don't have any energy blocks, you will move forward. It would feel if something pulls you. Just allow your body to move, it does not require any effort from you.

- Repeat with no. Your body will move back without any effort from you.
- If anything else happens, it means there are energy blocks or deception or reversals or limiting beliefs.

I will help you through that.

If on a rare occasion, you have great trouble muscle testing, I can substitute muscle test for you - with your consent - so we can proceed with the healing procedure.

You, as a client, will determine which of these alternatives works best for you or whether to even use this approach.

Muscle testing is not a lie detector test. Information retrieved through this method may or may not have a basis in fact. What is accessed by this method is how your experience is structurally stored in your body and in your unconscious limbic brain. The unconscious mind does not use rational, arithmetic logic. It uses metaphorical, poetic logic. Therefore, the information acquired through muscle testing is NOT for the purpose of discovering factual data. Clients are strongly encouraged and instructed not to use in it that

fashion. Rather, the purpose of this technique is to enable you to listen to and act on your internal wisdom, thereby enhancing present functioning and enjoyment of life. It also serves the function of enabling you to direct your own process, thereby reducing the incidence of undue influence or leading by the practitioner.

My treatment from Mari Schurian may also include **interventions** from one or more of the following: Neuro-Emotional Technique (NET), Healing from the Body Level Up (HBLU™), Matrix Work, Advanced Integrative Therapy (AIT), Tapas Acupressure Technique (TAT), Emotional Freedom Technique (EFT), Thought Field Therapy (TFT), Neuro-linguistic Programming (NLP), Spiritual Protocols and Energy Medicine Techniques, as well as other approaches. The choice to utilize these techniques will be mine, in consultation with my practitioner.

I understand that apart from EFT (APA approved) and TFT (NREPP approved) these mind-body-energy methods and techniques are relatively recent in their origins and do not yet have substantial research backing. The Association for Comprehensive Energy Psychology (ACEP) and The One Foundation, associated with NET, along with many of the approaches listed above are pursuing such research validation to support the current positive clinical findings. I understand that while clinical experience indicates that almost all individuals substantially improve through the use of these techniques, each case is different: I may not improve, or (unlikely but possible) my symptoms may get worse. Results vary from client to client.

On occasion, the above interventions may involve a minimal amount of touch of my head, back, hands, arms, feet, or legs by my practitioner. **THIS IS ALWAYS COMPLETELY OPTIONAL AND MY PERMISSION WILL BE ASKED.** There are many alternative methods or protocols that can be utilized if any such contact is uncomfortable or undesirable. I understand that Mari Schurian is very responsive and concerned about my privacy and right of self determination about my body and all of my treatment process. If I have any questions or concerns, I will bring them up with my practitioner before signing this form.

Before commencing treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to utilizing this method. By my signature below, I hereby consent to utilize muscle testing, a form of clinical kinesiology in my treatment. I also consent to the use of mind-body interventions as discussed above and understand that results may vary from client to client. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

Client's Name: _____

Client Signature: _____

Date: _____



CONFIRMATION OF MUTUAL UNDERSTANDING

In recent years there has been controversy about the subject of memories that are “recovered” in the coaching or therapy process. Because of this controversy, I want to make my position on the subject of traumatic memory very clear. I acknowledge that as a Biofield Psychology Practitioner I have no way of assessing what did or did not happen in the past experience of my clients. I believe it is not my position or place to affirm or deny any client’s perception of reality. Therefore, I request you sign the following statement.

_____ agrees with Mari Schurian, MA, HBLU4™, NLPMP that s/he has been given the following information. All parties agree that healing sessions with Mari Schurian are conducted with these principles in mind.

1. The services rendered by Mari Schurian deal with EMOTIONAL REALITY AND MEMORY AND NOT HISTORICAL REALITY AND MEMORY. Mari Schurian will work with the client(s) to access how the client’s body holds and stores the symptoms with which s/he presents. In this process the client may be asked to put words to a story about those symptoms. This story provides structure within which the underlying emotional reality and experience may be transformed or shifted. It is not the reality itself and is not ever to be confused with actual history.
2. In understanding traumatic memory, Mari Schurian utilizes the principles of Dr. Bessel Van der Kolk, a leading researcher in trauma and the brain. Dr. Van der Kolk has discovered that traumatic memory is stored in the brain differently than other memory. Traumatic memory is NOT stored in the form of a narrative or story. It is stored in chunks of sensory input and/or emotion. For example, an individual may remember a sound, smell or part of a picture and/or the feeling of terror, fear or sadness. It can be helpful to try to put a narrative to these chunks in order to organize them enough to heal and release the underlying trauma and after effects. However, this narrative may or may not correspond in any way to historical reality.

CLIENT NAME and SIGNATURE _____

DATE _____



WAIVER, DISCLAIMER AND ASSUMPTION OF RISK FORM

First name _____

Last name _____

Address _____

Home phone _____

Cell phone _____

Email _____

Date of birth _____

Gender _____

I am participating in healing sessions with Mari Schurian of my own free will.

I attest that I am not under the influence of illegal drugs or alcohol, nor will I be during my sessions with Mari Schurian. I will notify Ms Schurian should this change.

I will hold harmless Mari Schurian and the location of the healing sessions.

I acknowledge that the treatment sessions are not intended as, nor are they a substitute for, professional medical care in any form.

As in any type of healing or therapeutic modality, results may vary from person to person. Therefore, no guarantees of result or performance are expressed or implied.

Further, the process can bring uncomfortable feelings and reactions, such as anxiety, sadness, anger, etc. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be addressed between me and my practitioner.

I also understand that Mari Schurian operates under California law SB 577. As such, I understand that Mari Schurian is not a licensed physician, but is instead an Integrative Biofield Psychology Practitioner who holds a Masters Psychology degree in Biofield Psychology. The healing treatment services Ms Schurian provides are not licensed by the state of California, but is alternative or complementary to the healing arts services licensed by the state of California. Such treatment includes energy psychology and energy medicine methods, which are based upon principles of Traditional Chinese Medicine, Ayurveda, and Psychology. My signature on this document serves as acknowledgement that I have received this information.

I, the undersigned _____ (client), voluntarily makes and grants this waiver, disclaimer and assumption of risk in favor of Mari Schurian as partial consideration (in addition to monies paid) for the opportunity to participate in the process/service provided, and /or to damages, losses and /or death that may arise from the aforementioned process.

Any dispute or claim arising between the parties to the agreement, which is not settled through mediation, shall be decided by neutral, binding arbitration, and not by court action (you give up your right to trial by jury), in accordance with the rules of either the American Arbitration Association (AAA) or Judicial Arbitration and Mediation Services,inc. / Endispute (JAMS/ Endispute).

This waiver, disclaimer and assumption of risk is effective from _____ (date) inclusive, and may not be revoked, altered, amended, rescinded or voided.

I have read, understand and acknowledged the above and it is wholly satisfactory and acceptable to me and there are no areas of disagreement or misunderstanding.

NAME _____

SIGNATURE _____

DATE _____