

## Request for Harmonic Energetic Balancing

Welcome to the Harmonic Energetic Balancing (HEB) Program!

Please complete a separate form for each applicant. If applicant is under 18 (or is a pet), the parent or guardian must sign on his/her/their behalf. This form must accompany payment and photo.

### Client Information

Name

Date

Address

Country

City

State

Zip

Cell phone

E-mail

Place of Birth

Date of Birth

Time of Birth

Gender:

Male

Female

### Affirmations (Optional)

The HEB Program has the unique ability to incorporate affirmations. These statements can be extremely powerful and may support and strengthen your intent to create maximum benefit by imparting creative energy into the process of energetic balancing.

If you choose, please write a few simple positive affirmations, statements or beliefs in the space provided below:

### Afflictions (Optional)

Please list any specific afflictions that you would like to have the HEB balance for you.

**Harmonic Energetic Balancing Agreement**

I understand that the Harmonic Energetic Balancing Program (“HEB”) is based upon the concept of harmonizing subtle body energies through the use of computer-generated affirmations, prayers and other hololinguistic, energetic modalities.

Any similarity of terms describing disease conditions and/or energetic imbalances is purely coincidental. I understand that energetic prayer & affirmation balancing does not diagnose, find or remove disease, but provides energies that may assist the individual in neutralizing imbalances and stress on all levels of being. My understanding is that the HEB Program may facilitate in its participants a greater sense of well-being. I understand that this contract is binding and that there are no refunds for services provided.

I understand and freely choose to use the HEB Program to provide the service of Energetic Balancing for the length of time which has been offered above. On a regular basis, I understand that there will be several hour pauses of the Balancing to allow my body-mind to integrate and make highest use of the balancing feedback. However, I agree that the provider will not be held responsible for power failures, acts of God or any other such incident that may temporarily interrupt service as offered. I also acknowledge that I have read and generally understand this document and the concept of Energetic Balancing, to which I am hereby subscribing. And, that the Harmonic Energetic Balancing Program process does not diagnose, treat, prescribe for disease, act as a substitute for medical treatment, or in any way promise, suggest or imply any health or medical benefits. I am hereby authorizing the use of my photograph for the process described and am applying for Energetic Balancing solely on the basis of my spiritual and religious beliefs. I declare under penalty of law that all statements I have made in this application are true.

In addition, I agree that in the event of any dispute, I will submit to binding arbitration in accord with the rules and laws within the state of Texas. And any award determined by the arbitrator shall be final, without the right to appeal. I further understand that such binding arbitration may deprive me of various rights that I otherwise might have in a legal action, including without limitation, the right to my local jurisdiction and venue, the right to a jury trial, the right to appeal, and full discovery rights. In the event that my waiver of venue and jurisdiction is found to be unenforceable, I then agree to binding arbitration in my local jurisdiction.

I have read, understand and agree with the entire request form, and my signature signifies my complete acceptance of this agreement. A photo and payment will accompany this Request Application.

Signature of Applicant, Parent or Guardian

Date