

## **RELEASE & DISCLOSURE STATEMENT**

**Create Your Best Life with EFT**  
**February 6 – 8, 2009**  
**With Loretta Sparks and Ann Adams**

I agree and acknowledge that I am voluntarily participating in this presentation, workshop, class, or event, whichever is applicable (hereinafter collectively referred to as the “Event”) given by Loretta Sparks LMFT and Ann Adams, LCSW (“Presenters”).

For good and valuable consideration, I agree to forever fully release and hold harmless the presenters and any co-presenters, assistants, agents, promoters, independent contractors, consultants, volunteers, and others associated with Presenters from any and all claims or liability whatsoever and for any damage or injury, including but not limited to, personal, physical, emotional, psychological or otherwise, which I might incur as a result of my voluntary decision to participate in the Event and any activities associated with the Event.

As part of the Event, I will utilize a healing modality called Emotional Freedom Techniques (EFT) which is a technique referred to as a type of energy therapy. EFT appears to have promising mental, spiritual, and physical health benefits but has yet to be fully researched by the Western academic, medical, and psychological communities. Since EFT is a relatively new healing approach the extent of EFT’s effectiveness, as well as its risks and benefits, are not fully known. The prevailing premise is that EFT uses the ancient Chinese meridian system to relieve emotional stress and physiological pain and it balances the energy system with a gentle tapping procedure which stimulates designated meridian end points on the face and body. By signing this document, I understand that EFT could be considered experimental and I agree to assume and accept full responsibility for any and all risks associated with using EFT as part of my participation in the Event. Further I agree and understand that the information presented in this Event is only for my own personal use.

By participating in the Event, I understand that it is possible that emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. Further I understand, it’s possible to experience some emotional distress and physical sensations related to prior life experiences. The clinical reports from energy therapies such as EFT show no additional side-effects when used appropriately. Emotions may continue to arise after the Event and I understand I’m encouraged to discuss such emotions with my appropriate health care provider. In addition, I understand, previously vivid or traumatic memories may fade. This could adversely impact my ability to provide detailed legal testimony regarding a traumatic incident. I agree to take full responsibility for my self-care in the emotional, mental, physical, and spiritual dimensions of my life.

The information presented during the Event, and related activities, including learning about EFT, is provided only as general information and is not intended to represent that EFT is used to diagnose, treat, cure, or prevent any disease or psychological/mental health disorder. EFT is not a substitute for medical or psychological treatment. I understand that the Presenters do not recommend I stop seeing any of my health care professionals or using prescribed medicine, if any, without consulting with the appropriate health care

professional, even if after using EFT, or any other energy based technique, it appears or indicates such medicine or therapy is unnecessary.

Any stories or testimonials presented during the Event do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT during or after the Event for any particular issue. Further, I understand Presenters make no warranty, guarantee, or prediction regarding any outcome for me using EFT during or after the Event for any particular issue.

Presenters accept no responsibility or liability whatsoever for the use or misuse of the information provided during the Event, including, but not limited to, EFT demonstrations, training, and related activities. I understand the Presenters strongly advise that I seek professional advice as appropriate before making any health decisions.

Ann Adams and Loretta Sparks, as the Presenters, have disclosed to me that neither is a licensed physician.

Loretta Sparks has the following education, training, experience and other qualifications regarding services provided:

1. Masters Degree in Marriage and Family Counseling, Chapman University (1975)
2. California licensed psychotherapist, LMFT (1976)
3. EFT Master designation from EFT Founder, Gary Craig and has been practicing EFT for 13 years.
4. Diplomate of Comprehensive Energy Psychology

Ann Adams has the following education, training, experience and other qualifications regarding services provided:

1. Masters Degree in Social Work from the University of Georgia in 1973
- 2: Clinical and managerial in positions in mental health 1974 to 2005.
3. Using EFT since 1999 and was the Director of the Former EFT Masters Program.
4. Diplomate of Comprehensive Energy Psychology.

I acknowledge that I have been given the opportunity by Presenters to ask questions regarding any aspect of this Agreement. By signing below, I acknowledge that I have carefully and completely read and fully understand all aspects of this Agreement and I agree to all of the terms and conditions stated herein. Further, I agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law. I also acknowledge that I have read the Workshop Guidelines and that by participating in this Event, I also agree to the Workshop Guidelines. This Agreement shall be binding upon me and my heirs, legal representative, and assigns.

I represent that I am an adult under the laws of the State of my residence or country, whichever is applicable, and I have the right to enter into this Agreement.

Please indicate your acceptance and agreement by signing in the space provided below.

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

Print Name: \_\_\_\_\_

**SEND SIGNED RELEASE FORM TO:**

**Loretta Sparks**

**PO Box 424**

**Hermosa Beach, CA 90254**