

## EFT Workshop Registration

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive Judy's EFT Newsletter and Workshop Invitations? \_\_\_\_\_

How did you hear about the workshop? \_\_\_\_\_

Payment Method:

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card (use website in advance): \_\_\_\_\_

### Informed consent for the use of Emotional Freedom Techniques (EFT)

I acknowledge that I am voluntarily participating in a workshop given by Judy Wolvington, MA, LPC, on the following date:

\_\_\_\_\_

I understand that the Emotional Freedom Techniques (EFT) that will be taught by Judy have received wide clinical use but have not as yet been fully validated by controlled research. While there are theories as to how they work, why they work and why they sometimes don't work, there is no accepted scientific explanation. Judy does not know with certainty in advance whether the techniques will help a particular person with a particular problem. In the past, some attendees have experienced temporary intense emotional and/or physical distress during the process of using the technique. I agree that if this should occur for me I will inform Judy during the workshop if I want her assistance.

I understand that Judy does not recommend that I, or any person with whom I may use the techniques, stop using any prescribed medicine or other therapy or treatment that I or she/he may be using, without consulting a qualified physician, even if the techniques appear to indicate that such medicine or therapy is unnecessary. These techniques are not intended to be a substitute for any therapy or treatment that I may presently be using with physicians or other mental or physical health providers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Printed