

		www.amgoodooixo.oom	
	Student Name & Age		
	Address		
	Student Email		
	Student Phone		
	Parent Name (if student is under age 18)		
	Parent Email		
	Parent Phone		
Thank you for being a part of the Be Your Best You workshop and/or training sessions. A variety of techniques for enhancing a positive mindset, optimizing well-being and managing stress will be presented to students, including, but not limited to: energy balancing techniques, affirmations, EFT acupressure tapping, essential oils, frequencies and gratitude enhancers.			
By signing my name below, I acknowledge that the instruction and training services provided by Allison (Alii) Goedecke do not in any way relate to or replace medical and/or psychological clinical treatment. I understand that Allison Goedecke is not a licensed health care professional, and she does not diagnose or treat any medical or psychological diseases, disorders, or conditions. The information and techniques presented in the workshops, training sessions, and toolkits are presented as a suggestion to students. No guarantee of improvement in health, behavior or well-being is given or implied by participating in workshops/training sessions or reading the toolkits.			
With this information both written and implied, I do hereby release and discharge Allison Goedecke from any future claim and demands of whatever nature which I may have now or may in the future relating to the services or recommendations provided by Allison Goedecke. I release all responsibility from Allison Goedecke for any issues encountered by using the information and techniques offered by her. Students under 18 must have a legal guardian's permission to use any techniques during the workshops, training sessions or on their own. Students (and if under age 18, their legal guardian) must do their own due diligence, discuss with their licensed health care professional, and assume full risk and liability before using any suggested techniques.			
is not co		must be paid upon sign-up to reserve a workshop or training session. Regis ved. A signed waiver is required to participate. 48-hour cancellation require ds.	
Signat	ure of Student/Client	Name of Student/Client	Date