

Declaration of Release/Registration Form

In consideration of receiving spiritual healing, assistance, and enlightenment from Rev. Leony, which I consider to be intrinsically valuable, I hereby covenant, agree, and declare, under penalty of perjury, as follows:

- 1) That my true and legal name is as signed below and not otherwise.
- 2) That I am not an employee, agent, or investigator of any federal, state, or legal government agency, medical association, or law enforcement group engaged for any purpose related to this visit.
- 3) That Rev. Leony does not diagnose nor prescribe for any medical and/or psychological condition or problem from which I may appear to be suffering.
- 4) The Rev. Leony, a spiritual healer from the Philippines, has informed me and I understand that she is not a licensed practitioner under any laws of this State to practice any form of medicine.
- 5) That Rev. Leony does not diagnose nor prescribe for any medical and/or psychological condition or problem from which I may appear to be suffering.
- 6) That Rev. Leony has suggested that should I have any physical or mental complaints, I should consult a licensed medical practitioner in the necessary field. And advise said practitioner as to the nature and results of any methods, which have been employed at this time for the relaxing of my body or establishing peace of mind within me.
- 7) I have been instructed not to request any diagnosis of my condition or for the prescribing of any drugs or medicines, because her or her associates will not give such to me.
- 8) I Understand that Rev. Leony is a spiritual counselor. She is relying on the power of God or the Holy Spirit to intervene and render such assistance as I might need in the way of spiritual counseling or use of divine energy to assist in relaxing my body, and in bringing peace of mind or enhancing my well-being.
- 9) I understand that NO GUARANTEES OR PROMISES OF CURES or alleviation of any complaints have or will be made to me and that any benefits which I experience must come from within my own self as I allow God's healing power to make whatever adjustments or corrections which are necessary.

Signature _____ Date _____

Print Name _____ Age _____ Occupation _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Check here if you want to be on our emailing list

To ensure your place is reserved, Mail in advance and send check made out to: Carolyn Eberle, 925 Miami Way;
Boulder CO 80305

*******PLEASE LIST YOUR HEALING REQUESTS ON THE BACK*******