

MULTIDIMENSIONAL EMBODIED TRANSMISSION

A Declaration of good health & liability

Facilita	tor
Franne	le Duc
&	
Particip	pant
Name:	
E-maila	ddress:
that end emotion	cipient, I recognize the importance of safety in an energy transmissions. I understand ergy transmissions could lead to physical movements and (positive) effects on mental, nal and spiritual awareness and well-being. I take full responsibility and liability for my rticipation. In case of the following contraindications, I will not participate in the ssions:
- E	History of) mania, delusions, psychosis or severe anxiety disorder; Epilepsy;
	Severe heart problems; Pregnancy from third trimester (only in consultation with the facilitator)
Date	
Signatu	re
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