



Coaching and Energy Medicine Contract

This agreement is between

_____ *(the client)* _____ date

Address _____

Postcode _____

Email _____

and Dawn Rosser (*Coach and Energy Medicine Practitioner*)

I, *the client* fully understand:

- A transformational coaching and energy medicine session in no way replaces a diagnosis or advice from a medical doctor or psychiatrist.
- I need to tell my coach before the session about my physical, mental and emotional wellbeing:
Mental illness, psychological, emotional disorders, Psychiatric, Therapeutic, GP interventions and treatment past, present, ongoing.
Physical illness, discomfort, ailments, incidents, weight loss, fatigue past, present, ongoing.
Other holistic therapies and treatments past, present and ongoing.
Any other information relevant to your health and wellbeing for this work.
- The result of the session is dependent upon my communication with my unconscious mind, which I am 100% responsible for and my coach can only facilitate.
- The result of the coaching session is dependent upon me following the instructions that my coach gives me as she guides me through the processes of Transformational Coaching and

Energy Medicine. The responsibility for making the processes work for me is solely mine as no one else can do it for me.

- The long-term result of this coaching session is 100% dependent upon me following the tasking my coach sets me and following the advice my own soul and unconscious mind has given me during this session. I also need to focus on what I want and take action to get me there.
- My coach is not a mind reader and cannot assist me in resolving issues I do not share.

By signing this Contract you are consenting to the above Agreement.

Signed:

Print Name: _____ Date: _____

I, _____ **(Parent/Guardian)**, give my consent for Dawn Rosser, to

work with my child, _____ Age/DOB: _____

Dawn Rosser MA, UKCP Reg.

Child & Family Psychotherapist Shamanic Energy Medicine Practitioner Soul Coach
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