RELEASE AGREEMENT & DISCLOSURE STATEMENT

Three Day Workshop EVENT

Conducted by Carol Look, EFT Master

Salthill Hotel, Galway, IRELAND, May 2009

I agree and acknowledge that I am voluntarily participating in this presentation, workshop, class, or event, whichever is applicable (hereinafter collectively referred to as the "Event") given by Carol Look, EFT Master ("Presenter"). For good and valuable consideration, I agree to forever fully release and hold harmless, Presenter and her co-presenters, assistants, agents, promoters, independent contractors, consultants, volunteers, and others associated with Presenter from any and all claims or liability whatsoever and for any damage or injury, including but not limited to, personal, physical, emotional, psychological or otherwise, which I might incur as a result of my voluntary decision to participate in the Event and any activities associated with the Event.

As part of the Event, I will learn about a healing modality called Emotional Freedom Techniques (EFT) which is a technique referred to as a type of energy therapy. EFT appears to have promising mental, spiritual, and physical health benefits but has yet to be fully researched by the Western academic, medical, and psychological communities. Since EFT is a relatively new healing approach the extent of EFT's effectiveness, as well as its risks and benefits, are not fully known. The prevailing premise is that EFT uses the ancient Chinese meridian system to relieve emotional stress and physiological pain and it balances the energy system with a gentle tapping procedure which stimulates designated meridian end points on the face and body. By signing this document, I understand that EFT could be considered experimental and I agree to assume and accept full responsibility for any and all risks associated with using EFT as part of my participation in the Event. Further I agree and understand that the information presented in this Event is only for my own personal use.

By participating in the Event, I understand that it is possible that emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. Further I understand, it's possible to experience some emotional distress and physical sensations related to prior life experiences. The clinical reports from energy therapies such as EFT show no additional side-effects when used appropriately. Emotions may continue to arise after the Event and I understand I'm encouraged to discuss such emotions with my appropriate health care provider. In addition, I understand, previously vivid or traumatic memories may fade. This could adversely impact my ability to provide detailed legal testimony regarding a traumatic incident. I agree to take full responsibility for my self-care in the, emotional, mental, physical, and spiritual dimensions of my life.

The information presented during the Event, and related activities, including learning about EFT, is provided only as general information and is not intended to represent that EFT is used to diagnose, treat, cure, or prevent any disease or psychological/mental health disorder. EFT is not a substitute for medical or psychological treatment. I understand that Presenter does <u>not</u> recommend I stop seeing any of my health care professionals or using prescribed medicine, if any, without consulting with the appropriate health care professional, even if after using EFT, or any other energy based technique, it appears or indicates such medicine or therapy is unnecessary.

Any stories or testimonials presented during the Event do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT during or after the Event for any particular issue. Further, I understand Presenter makes no warranty, guarantee, or prediction regarding any outcome for me using EFT during or after the Event for any particular issue. Presenter accepts no responsibility or liability whatsoever for the use or misuse of the information provided during the Event, including, but not limited to, EFT demonstrations, training, and related activities. I understand Presenter strongly advises that I seek professional advice as appropriate before making any health decisions.

Carol Look, as the Presenter, has disclosed to me that she is not a licensed physician. Presenter has the following education, training, experience and other qualifications regarding services provided:

1. Masters Degree in Social Work from New York University
2. Doctorate Degree in Clinical Hypnotherapy from the American Institute of Hypnotherapy
3. EFT Master designation from EFT Founder, Gary Craig and has been practicing EFT for 11 years.

I acknowledge that I have been given the opportunity by Presenter to ask questions regarding any aspect of this Agreement. By signing below, I acknowledge that I have carefully and completely read and fully understand all aspects of this Agreement and I agree to all of the terms and conditions stated herein. Further, I agree and understand that this Agreement is intended to be a complete unconditional release of liability and assumption of risk to the greatest extent permitted by law. I also acknowledge that I have read the Workshop Guidelines and that by participating in this Event, I also agree to the Workshop Guidelines. This Agreement shall be binding upon me and my heirs, legal representative, and assigns.

I represent that I am an adult under the laws of the State of my residence or country, whichever is applicable, and I have the right to enter into this Agreement. If I am a minor, I shall have my parent or legal guardian consent to and join in this Agreement by signing in the space provided below.

Please indicate your acceptance and agreement by signing in the space provided below.

Signed: _____ Date: _____

Print Name: _____

I am the parent or legal guardian of the above-named minor, and I consent to and join in the foregoing Agreement on behalf of said minor.

Signed: _____ Date: _____

Print Name: _____