

CONSENT FORM

First name.....Family name.....

Date of birth.....NINO/SSN

Address.....

Phone number E Mail

Personal data will be handled according to Organic Law 3/2018 from December 5 on Personal Data Protection and guarantee of digital rights, in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data

All methods used are registered and protected by law.

Katrien Suzanne Cloet is not a physician and doesn't claim to be. She does not make any medical test, does not practice psychotherapy, nor make any medical diagnosis.

Energy treatments are no medical care nor complementary health care. They don't replace medicines. They don't interfere with medical treatments.

You should regularly see your doctor check your health condition before addressing to me.

By signing this form, you certify your understanding of and agreement with the above, you renounce to any legal action against Katrien Suzanne Cloet and release her from all liability.

Date Signature