



# *Serene Soul Hypnotherapy & Energy Healing*

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## **CONSENT TO VIDEOTAPE SPLANKNA SESSION**

I, \_\_\_\_\_, hereby authorize Megan Krueger *d.b.a.* Serene Soul Hypnotherapy & Energy Healing to videotape one of our Splankna sessions. I understand that I will be informed about the videotaping prior to beginning my session. I understand that this taped session will not include any personal identifying information about me. I understand that this taped session will be viewed only by a Certified Splankna Supervisor for the purpose of evaluating my Practitioner.

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Signature of Splankna Client

Date

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Signature of Splankna Practitioner  
(indicating that legal documentation has been received)

Date

