MENTAL HEALTH INFORMED CONSENT AND DISCLAIMER



<u>Please initial each beside statement:</u>	
I acknowledge that these teachings, healings and tools treatments. I also acknowledge that I am responsible for conting psychologist, psychiatrist, or medical doctor including but not Modern Mystery School practitioners and teachers in regards to practitioners. I consult Modern Mystery School practitioners for	limited to therapy and medications. I will not consult o mental health issues as they are not mental health
Although the tools and teachings of the Modern Myster and come as a result of dedicated practices and diligence on n	,
With your signature below you acknowledge that you have agreement.	read and understand the above statements and are in
STUDENT NAME:	
SIGNATURE:	DATE://
MMS WITNESS NAME:	_
LOCATION at time of signing (City, State/Province, Country):	
WITNESS SIGNATURE:	DATE://