

Soul Resonation

PERMISSION TO SHARE YOUR STORY

It is a wonderful gift to share your Soul Resonation experience with others. This helps others grow curiosity to expand their beliefs and experience too.

I _____ (Client Legal Name), hereby give my permission for
_____ (Practitioner Name) to share what they received from my Soul
Resonation session story with other Practitioners and potential students and clients, in the following ways:

Please tick or cross your permission.

Sessions with other clients:

☐ The client gives permission to share their personal story and their experience to the public. The purpose is to benefit other humans with real testimonial examples of change and healing to encourage others to believe they can change. The types of things to be shared from a session are: A testimonial, revelation, concept of discovery, healing release, healing in real time, the Soul communicating, experience, images, diagrams or belief systems.

☐ Media:
In the form of an edited video, clips or documentary interview. This may include the client's face.

☐ An audio file containing their voice.

☐ The story written and published.

☐ Anna speaking about an example experience where no name and detail specifics are mentioned.

By signing below i the Client have read and understood the following:

- I must confirm if i want to opt out of displaying my first name, town/country.
- I can ask for complete confidentiality and all details will be generalised to he/she.
- I understand I have the right to review and approve the story/file before it is published.
- I understand I have the right to refuse a specific or personal portion of my story to be included. A copy of the video, audio or document will be sent to the client in advance to being published or shared. This is the opportunity for the client to request specific changes to be made where they are comfortable to release. All communication of this will be in writing.
- I also understand I have the right to refuse to participate in the sharing of my story specifically on social media platform.
- I can change my mind at any time and cancel this permission in writing but cancelling it will not affect any information that has already been released.
- I understand that I do not have to sign this form, and that I should only sign it if I want my Practitioner to share my story.

Client Signature: _____ Date: _____

Parent Signature: _____ Date : _____
(if client is younger than 16 years old)

Practitioner Signature: _____ Date: _____

Client email for communication: _____