

**Lightwing Center Certified  
Raindrop Technique® Practitioner  
Informed Consent, Private License & Release**

The undersigned hereby grants a **Private License** to the Practitioner to provide *Raindrop Technique*® aroma therapeutic education services to undersigned as expressive association activities. I acknowledge that I am not receiving these services as a patient of any licensed treatment protocol. Raindrop Technique® is a Young Living Essential Oil application technique based on *dropping* the essential oils used *through the individual's aura*.

**The undersigned acknowledges that the *Raindrop Technique*® Practitioner does not diagnose or prescribe for chiropractic, medical or psychological conditions nor claim to prevent, treat, mitigate or cure such conditions. The Practitioner does not provide diagnosis, care, treatment or rehabilitation of individuals, nor apply medical, mental health or human development principles, but rather provides a modality based on traditional aromatherapy that may offer therapeutic benefit by supporting normal structure and function.**

The undersigned gives Informed Consent to the services that will be provided. The undersigned hereby releases the Practitioner employing *Raindrop Technique*® from all claims and liabilities arising from the use or misuse of *Raindrop Technique*®, indemnifying and holding the Practitioner harmless from all claims and liabilities there from whatsoever. The Practitioner reserves all rights.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Practitioner's Name**

\_\_\_\_\_

Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

comments: \_\_\_\_\_

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