

## Consent form

I acknowledge that by asking for treatment, I am asking for Ruqyah for myself and/or on behalf of my family/friends which is a practise that falls under the category of spiritual healing. I understand that this consultation offers holistic approach to my life that embraces its spiritual, mental, psychological, emotional and/or physical aspects. The healer/jinn catcher may provide me with information (no fortune telling involved) that could bring about positive change in my life but any choices I make are my personal and legal responsibility. I have sought jinn catching for myself and I take full responsibility for my decision.

I understand that all types and forms of complementary therapies are not intended to replace allopathic/traditional medical treatment and care but they rather intended to work side by side with these treatments. Nor are they intended to replace proper diagnosis and/or treatment by a qualified medical practitioner.

I accept that this consultation is offered as a scientific experiment only and that no specific results can be guaranteed by the healer. I further accept that any guidance given to me is for me to consider only.

I take full responsibility for understanding in agreeing to the terms as outlined above. Furthermore, I accept full responsibility for my own wellbeing and for reporting my physical and psychological help to my own GP/Family Doctor/Consultant.

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### CONSENT FORM

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Declaration

Please tick all boxes

I confirm that I have read and understand the information I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

1. I understand that my participation is voluntary and that I'm free to withdraw any time.
2. I agree to my GP being informed of my participation in the study.
3. I agree to take part in the above.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature