



G A Y L E R A Y

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INCEPTION POINT THERAPY® AND AKASHIC RECORDS CONSULTATION CONSENT FORM

In using Inception Point Therapy®, we ask Source to release stress and trauma around a situation that is blocking you from moving forward. Next we do forgiveness work and muscle test to identify and release Trapped Emotions to allow for physical, emotional, and spiritual healing. We then identify and download resources like Courage, Self Awareness, and Self Love to support your moving forward. We future pace to bring these resources into your future and see and feel how they are used to move you forward in relationships, careers, health, etc.

The Akashic Records are a dynamic reservoir of information including every thought, word, deed, emotion, and intention of your soul throughout all lifetimes.

Accessing your Records:

- Enhances your intuition & ability to channel.
- Gives you a greater understanding of your life purpose, career direction, and how to live in harmony with others and nature.
- Connects you to your own inner wisdom.

The Akashic Alliance Method to Open is a seven-step method. Part of it is said verbally and part is done energetically. Please note you will be going into your Records with me as I open your Records. You will be alert, aware, and have your eyes open. I encourage you to listen objectively and ask further questions of your Records as they come to you. Once your Records are open, I will ask you to read all questions under your first topic and we will continue from there.

All communications between us are kept in strict confidence unless I have your written consent to do otherwise. Please use your discernment and share this information from your Records only with those who will hold it in sacred trust.

Inception Point Therapy®/Akashic Consultation is for the purpose of relaxation, creating peace, and transformation. You and your Records and Source do any healing. As your facilitator, I simply act like an extension cord to assist you as you connect to the Divine.

Please complete and sign below to indicate you have read this document. This gives me your formal consent to open your Akashic Records and work with you with Inception Point Therapy®.

Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ daytime _____ cell _____

Email _____