



PERMISSION



Date: Any day Time: Any time

I, _____ give myself permission: To hold boundaries.
(your name)

- To leave situations where I do not feel safe.
- To decline an invitation, even though I am physically able to attend.
- To change my mind without having to explain myself.
- To lie to those who aren't receptive to my truth.
- To let go of relationships that no longer serve me.
- To not want to be around someone, even if I care about them.
- To express thoughts and feelings that might make someone uncomfortable.
- To not have to share everything, or include everyone.

