
INFORMED CONSENT

Reiki

This consent form (the “**Consent**”) BETWEEN:

Víctor Guzmán, (the “**Owner**”) an individual operating a sole proprietorship known as “SOUL SERVICES”, offering hypnosis, Reiki, and ancillary services (the “**Services**”);

- AND –

Client Legal Name: _____ (the “**Client**”)

Client Phone Number: _____

Client Address: _____

Client Email Address: _____

(Collectively, the “**Parties**”)

BACKGROUND:

1. The Owner operates a business providing the Services. The Owner will not provide the Services to the Client unless they agree to the terms and conditions of this Consent;
2. The Client wishes to receive the Services from the Owner and has reviewed, understands, and agrees to the term of this Consent;

In consideration of the Services, the mutual promises, covenants, and other valuable consideration exchanged by the Parties (the receipt and sufficiency of which are hereby acknowledged), the Owner and Client hereby agree as follows:

1. WHAT IS REIKI?

Reiki is a complementary healing modality that can be performed in person or remotely (Distance). It utilizes gentle touch or non-contact hand movements near the body to promote relaxation, stress reduction, and overall well-being. During a Reiki session, the practitioner acts as a conduit for universal life force energy, allowing it to flow into the Client’s body. The Client remains fully clothed and can either lie down or sit comfortably during the session. The practitioner may place their hands lightly on or near various areas of the Client’s body, including the head, torso, limbs, and energy centers, with the intention of balancing the energy flow and promoting relaxation.

It’s important to note that Reiki is considered a complementary therapy and should not be used as a substitute for professional medical care. While many individuals experience positive effects from Reiki, outcomes can vary, and it may not be effective for everyone. If you have any specific medical conditions, it’s important to consult with your healthcare provider before receiving Reiki.

2. PHYSICAL CONTACT

- 2.1. Please indicate whether Client consents to physical contact by SOUL SERVICES and its representatives by applying your initials below:

<p>_____</p> <p>Client Initials</p> <p>I <u>CONSENT</u> to physical contact by SOUL SERVICES practitioner</p>	<p>_____</p> <p>Client Initials</p> <p>I <u>DO NOT CONSENT</u> to physical contact by SOUL SERVICES practitioner</p>
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3. **RECORDINGS AND PRIVACY**

- 3.1. Service sessions may be recorded by **SOUL SERVICES** as audio and/or video recordings (the "**Recordings**"). Client consents to the Recordings. **Soul Services** will provide any and all Client recordings to Client upon written request from Client.
- 3.2. Throughout their engagement, both SOUL SERVICES and Client may obtain certain proprietary and confidential information about the other party, including without limitation, the Recordings, personal information, hypnosis techniques, pricing information, contract terms, as well as the confidential information of third parties that the Client has possession of or control over (collectively, "**Confidential Information**").
- 3.3. Both Parties agree that they will not in any way use, store, divulge, disclose, furnish or otherwise make accessible to any person or entity, either during the Term of this Agreement or at all times thereafter, any Confidential Information except as and to the extent required to perform the Services and always in accordance with applicable laws, including those relating to privacy and the protection of personal health information.
- 3.4. **Publication.** In the event Client wishes to disclose its relationship with SOUL SERVICES, or any Recordings or content relating to the Services to third parties, including social media, Client agrees it shall first request written authorization from the SOUL SERVICES, which authorization may be revoked in SOUL SERVICES' sole discretion.

4. **LIABILITY.**

- 4.1. Client shall defend, fully indemnify, save, and hold harmless the SOUL SERVICES, and their respective directors, officers, employees, contractors, agents and affiliates, from and against any and all fees, claims, damages, losses, costs, expenses, fines, penalties, demands, suits, actions, or liability of any kind whatsoever arising from or relating in any way to:
 - 4.1.1. The Services;
 - 4.1.2. The Recordings;
 - 4.1.3. Damages to SOUL SERVICES, or a third party, whether such damages relate to the Services, Recordings, negligence, or the Client's breach of any of the terms of this Consent;
 - 4.1.4. Any injury to the Client or third party for any reason whatsoever connected to the Services, Recordings, or otherwise; and
 - 4.1.5. Any costs incurred by SOUL SERVICES or third party arising from the Services.
- 4.2. Client agrees that SOUL SERVICES shall not defend, indemnify and hold the Client harmless from any claims, losses, expenses or actions arising from any injury to SOUL SERVICES, or their property, agents, or any other third party resulting from the Services, Recordings, or any other negligent or intentional act or omission of the Client.

5. **CLIENT HEALTH DISCLOSURE**

- 5.1. SOUL SERVICES is not a licensed physician or health care provider. It does not provide medical diagnosis. Client shall disclose any medical conditions he/she/they may have which may affect the quality of the Services including but not limited to drug use, personality disorder, such as Borderline, major psychiatric disorder such as Schizophrenia. Such disclosure shall occur prior to any Service session.
- 5.2. In the event SOUL SERVICES becomes aware that:
 - 5.2.1. Client is in imminent danger of harming themselves;
 - 5.2.2. There is a significant risk of serious bodily harm to a person or group of persons; or
 - 5.2.3. Client and/or a third party is abusing a minor and/or a vulnerable adult;

SOUL SERVICES may be required to disclose this information to relevant authorities and/or third parties.

6. **CLIENT ACKNOWLEDGEMENT**

6.1. By signing this consent form, you acknowledge that:

6.1.1. you have been provided with information about Reiki, its intended benefits, and any potential risks or limitations;

6.1.2. Reiki is a complementary therapy and is not a substitute for medical or psychological treatment.

6.1.3. you give your voluntary consent to participate in Reiki sessions and understand that you can terminate the session at any time if you feel uncomfortable or have any concerns;

6.1.4. have read and understand the contents of this Consent and have been given the full opportunity to discuss the implications of this Consent, including the opportunity to obtain independent legal and/or medical advice;

6.1.5. your decision to sign this Consent is based on your own free will and not based upon representations or advice of SOUL SERVICES; and

6.1.6. SOUL SERVICES and Owner are relying on this Consent to render the Services for the Client, and that SOUL SERVICES would *not* render the Services for the Client if they did not agree to the terms of this Consent.

6.2. **General.** This Consent shall be governed by Ontario law. Client cannot assign or transfer this Consent. If any court determines that any provision in this Consent is invalid, illegal or unenforceable, the remaining provisions of this Consent will not in any way be affected or impaired thereby. Any ambiguities in this Consent will not be interpreted against SOUL SERVICES. This Consent will enure to the benefit of and be binding upon all of the parties hereto and their respective successors and permitted assigns. Time is of the essence of this Consent. By signing below, Parties consent and agree to the use of electronic signature pursuant to the *Electronic Commerce Act 2000*, S.O. 2000, c17 as amended from time to time.

SOUL SERVICES	Client
Signature: _____	Signature: _____
Print Name: Víctor Guzmán	Print Name:
Date signed:	Date signed: