

healing vine client waiver form



Please Read Thoroughly

1. I give my permission to receive Reflexology and / or Energy Healing from Mimi
2. I understand that reflexology and Energy Healing are not substitutes for traditional medical treatment or medications.
3. I understand that the services offered are not a substitute for medical care.
4. I understand that Mimi is not qualified to diagnose, prescribe, or treat physical or mental illness.
5. I will let Mimi know before treatment if I am pregnant or have been diagnosed with cancer.
6. I will let Mimi know of any past injuries or surgeries on my feet
7. I understand that it is my responsibility to inform Mimi of any discomfort I may feel during the session so she may adjust accordingly.
8. By signing this release, I hereby waive and release Mimi from any and all liability, past, present, and future relating to reflexology and healing work.
9. I understand that I or Mimi may terminate the session at any time.
10. I understand that if I am to get injured at the location of treatment, I release Mimi and The Healing Vine from all responsibility.

You agree to the above by either:

1. Signing this form or

2. Sending an email to The Healing Vine stating that you agree to The Healing Vine's Waiver Form.

Printed Name

Signature

Date