

healing vine client waiver form



Please Read Thoroughly

1. I give my permission to receive Reflexology and / or Energy Healing from The Healing Vine - Mimi Sproule (Practitioner)
2. I understand that reflexology, Energy Healing and other services offered from The Healing Vine are not substitutes for traditional medical treatment or medications.
3. I understand that Mimi Sproule is not qualified to diagnose, prescribe, or treat physical or mental illness.
4. Doctor's authorization for treatment is required if any of the following apply to me:
 1. I am pregnant
 2. I have cancer
 3. I have a pacemaker
 4. I have a recent organ transplant (within 6 months)
1. I will let Mimi know of any past injuries or surgeries on my feet.
2. I understand that it is my responsibility to inform Mimi of any discomfort I may feel during the session so she may adjust accordingly.
3. By signing this release, I hereby waive and release Mimi and The Healing Vine from any and all liability, past, present, and future relating to reflexology and healing work.
4. I understand that I or Mimi may terminate the session at any time.
5. 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. Printing and signing this form and bringing to your appointment .
2. Sending an email to The Healing Vine stating that you agree to The Healing Vine's Waiver Form.

Email: mimisproule@hotmail.com **Subject:** Healing Vine Waiver Agreement

Printed Name

Signature

Date