

Tarot Readings Consent Form



Date: _____

First Name: _____ Last Name: _____

Type of Reading:

_____ Voodoo Reading _____ Guardian Angel _____ Tarot Reading
_____ Candle Reading

Please initial each section below to indicate your understanding and agreement:

_____ 1. Nature of Service & Legal Disclaimer

I, the undersigned, acknowledge that a Tarot reading is a spiritual service provided for entertainment purposes only. I understand that the reading is subject to my own interpretation and does not replace professional medical, legal, financial, or business advice. The contents of the reading are not legally binding, and the practitioner assumes no liability for any actions I take or damages incurred based on the session.

Professional Code of Ethics

- As your practitioner at Spiritual Spectra, I commit to the following ethical standards:
- Non-Judgment: I provide a safe, non-judgmental space for all clients regardless of race, religion, gender, or orientation.
- Empowerment: My goal is to empower the client. I will not foster dependency or claim to have absolute power over your future.
- Honesty: I will interpret the cards as I see them with honesty and compassion, but I will never manufacture "scare tactics" to encourage further sessions.
- Referral: If a client presents a need that falls outside my scope of practice (such as clinical mental health or legal crises), I will suggest seeking a qualified professional.
- Integrity: I will not perform readings for third parties who are not present without a clear, ethical boundary.

“Nevada State Law The Psychic Reading” “Entertainment Purpose Only”
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_____ 2. Autonomy and Free Will

I understand that the practitioner will not attempt to exert control over my free will or common sense. Any insights provided are intended to illuminate potential pathways, but I remain the sole creator of my future through my own decisions and actions.

_____ 3. Privacy and Attendance

- **Confidentiality:** All information shared during the session is held in strict confidence, except where the practitioner is legally required to report a danger to self or others, suspected abuse, or under a court-ordered subpoena.
- **Third-Party Presence:** While sessions are typically private, I may bring a companion for translation or support. I accept full responsibility for any personal information shared in front of this witness, as the practitioner will not censor the reading.

_____ 4. Consent and Safety

- **Age Requirement:** I certify that I am at least 18 years of age.
- **Physical Contact:** With my explicit consent, the practitioner may lightly place hands on my head, heart, or stomach area. I will remain fully clothed throughout the session.
- **Health Disclosure:** It is my responsibility to disclose any medical conditions or internal devices (e.g., pacemakers). The reading is a supplement to, and not a replacement for, clinical care.

_____ 5. Communication and Conduct

- **Digital Security:** I acknowledge that email and mobile communications may not be fully secure and accept the risk of interception.
- **Professional Boundaries:** The relationship between the practitioner and client is strictly professional. Abusive, sexual, or unprofessional behavior will result in immediate termination of the session without refund and may be reported to authorities.

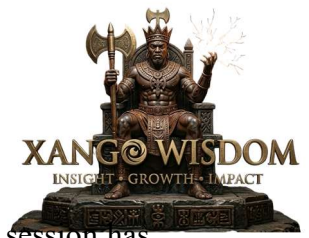
_____ 6. Payment and Cancellations

- **24-Hour Notice:** Agreement to provide at least 24 hours' notice for any cancellations or rescheduling is required.
- **Late Fees:** Cancellations made with less than 24 hours' notice or "no-shows" will be charged the full session fee.

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- Non-Refundable Policy: Fees are due at or before the time of service. Once a session has been conducted, no refunds will be issued.
- Right of Refusal: The practitioner reserves the right to refuse or cancel any session. In the event of a practitioner-led cancellation, a full refund or rescheduling will be provided. I understand that I will listen to my practitioner and do the step-by-step with no interference with the ritual work.

By submitting below, I certify that I have read and understand this agreement and have full knowledge of its meaning and effect. If I violate the agreement, I know that the practitioner may discontinue sessions.

Print Name (Client)

Date

Signature (Client)

Print Name (Witness)

Date

Signature (Witness)

Print Name (Practitioner)

Date

Signature (Practitioner)



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CLIENT COPY: Tarot Reading Service Agreement & Code of Ethics

Practitioner: Andres Campos Ramos

Client Name: _____

Date of Session: _____

This is an agreement between the client and Spiritual Spectra (the practitioner) concerning the reading or ritual work session(s), and upon submitting this agreement, the client agrees to all terms laid out in this agreement.

1. I authorize and request my practitioner to carry out reading or ritual work sessions. I understand the process of these sessions will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my session is designed to be helpful, my practitioner can make no guarantees about the outcome of my session. Further, this process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and me.
2. I am at least 18 years old, the age of consent to make any decisions as to my person and treatment.
3. I understand that as part of the session, the practitioner may lay their hands lightly on my body, particularly on the head and over the heart and stomach. However, this will be done only with my consent. I will remain fully clothed during my session.
4. It is my responsibility to notify the Practitioner of any current medical conditions and medications, allergies, recent surgeries, transplants, prosthesis, pacemaker, or any other electrical, metal, or magnetic item in my body. I understand that reading or ritual work is intended to help the client, and any medical or psychiatric issue or condition that occurs during or after the reading or work session is not the responsibility of the practitioner. In addition, the practitioner will not be held liable for any information withheld by me as to my medical or emotional conditions. I will not hold the practitioner responsible or seek compensation for any injury or illness suffered by me caused in whole or in part by my participation in these readings or ritual work sessions.
5. Receiving a read or ritual work will not interfere with or replace traditional medical or psychiatric care but can enhance other medical/psychiatric treatments. Therefore, clients under current medical or psychiatric care should not stop treatments or medication without advice of their physician/psychiatrist.

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6. Any communication via email or cell phone may not be secure, so we will assume that you have made an informed decision when using these communication channels to provide information and are taking the risk of such communication being intercepted.

7. It may be necessary at times for us to leave or send you a message at the phone numbers and email addresses you provide us. By supplying us with specific phone numbers and email addresses, you authorize us to leave messages for you or send messages to you.

Practitioner Signature: _____

Date: _____

Thank you for choosing Spiritual Spectra. Please keep this copy for your records.

Client Copy

XANG© WISDOM
INSIGHT • GROWTH • IMPACT

