

## Readings & Ritual Works Client Consent Forms



I, \_\_\_\_\_, understand and agree to the following terms regarding my session with Spiritual Spectra.

### 1. Nature of the Session

- **Personal Responsibility:** A Tarot reading or ritual session is a tool for insight and reflection. It does not override free will or common sense. All decisions made or actions taken following a session are the sole responsibility of the client.
- **Professional Advice:** These services do not replace professional medical, legal, financial, or psychiatric advice. Clients should consult with licensed professionals for such matters.
- **Outcomes:** While sessions are intended to be helpful, there are no guarantees regarding specific outcomes. The process may occasionally bring up strong emotions, which is a normal part of working through life experiences.
- **Ritual Process:** Ritual work may take time to manifest. Patience and confidentiality regarding the work are requested to maintain the integrity of the process.

### 2. Confidentiality and Communication

- **Privacy:** All information shared during a session is held in strict confidence. Legal exceptions include situations involving a danger to self or others, suspected abuse or neglect, or a valid legal subpoena.
- **Guests:** Most people prefer private sessions. If a guest is present, the practitioner will not censor the reading. The client assumes responsibility for any personal information shared in the presence of a third party.
- **Digital Security:** Communication via email or mobile phone may not be fully secure. By providing contact information, the client acknowledges these risks and authorizes the practitioner to leave messages at those contact points.

### 3. Safety and Professional Boundaries

- **Physical Boundaries:** During certain sessions, the practitioner may request to place hands lightly on the head, heart, or stomach. This will only occur with explicit consent, and the client will remain fully clothed at all times.
- **Medical Disclosure:** It is the client's responsibility to inform the practitioner of any medical conditions, medications, or internal medical devices (such as pacemakers). Spiritual work is not a substitute for traditional medical care.
- **Conduct:** The relationship between the practitioner and the client is strictly professional. Any abusive or inappropriate behavior will result in the immediate termination of the session and may be reported to the authorities.

“Nevada State Law The Psychic Reading” “Entertainment Purpose Only”

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#### 4. Terms and Eligibility

- **Age Requirement:** The client certifies they are at least 18 years of age.
- **Liability:** The practitioner assumes no legal liability for damages or consequences resulting from client decisions based on the session.
- **Payment and Refunds:** All fees are due at or before the time of service. Once ritual work has begun, no refunds will be issued due to the time and effort invested.
- **Right of Refusal:** The practitioner reserves the right to refuse or cancel any session. If a session is canceled by the practitioner, a full refund or rescheduling will be offered.

By submitting this agreement, the client certifies that they have read and understood all terms and conditions laid out above.

\_\_\_\_\_  
Print Name (Client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Client)

\_\_\_\_\_  
Print Name (Witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Print Name (Practitioner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Practitioner)





## Client Information & Service Agreement

Practitioner: Spiritual Spectra

This document outlines the agreement for your reading or ritual session. By participating, you acknowledge and agree to the following terms:

### 1. Session Nature & Expectations

- **Purpose:** You authorize Spiritual Spectra to perform reading or ritual work. While intended to be helpful, there are no guaranteed outcomes.
- **Emotional Response:** These sessions can surface deep emotions, including anxiety or sadness. This is a normal part of the process and will be supported within the session.
- **Eligibility:** You certify that you are at least 18 years of age.

### 2. Health & Safety

- **Medical Care:** Spiritual work is a supplement to, not a replacement for, professional medical or psychiatric treatment. Do not stop any medications or treatments without consulting your doctor.
- **Physical Contact:** If requested, light touch (head, heart, or stomach) may be used, but only with your explicit consent. You will remain fully clothed.
- **Your Responsibility:** You must disclose any medical conditions, allergies, or internal devices (pacemakers, etc.). The practitioner is not liable for health issues arising during or after the session or for information you choose to withhold.

### 3. Confidentiality & Communication

- **Privacy:** Your information is strictly confidential. Exceptions include: written release by you, physical danger to yourself/others, suspected abuse/neglect, or a legal subpoena.
- **Digital Risks:** Email and text may not be 100% secure. By providing your contact info, you accept these risks and authorize Spiritual Spectra to leave you messages.

### 4. Ritual Work & Professional Conduct

- **The Ritual Process:** Rituals can take weeks or months to manifest. Success requires your patience, belief, and adherence to the step-by-step instructions. To maintain the energy of the work, you agree not to discuss the ritual with others.
- **Professionalism:** This is a strictly professional relationship. Any abusive or sexual behavior will be reported to authorities and results in immediate termination of services.
- **Refusal of Service:** The practitioner reserves the right to refuse or cancel any session. If canceled by the practitioner, a full refund will be provided.



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5. Payments & Refunds

Fees must be paid on or before the day of service.

- No Refunds: Once ritual work has been initiated, refunds are not available due to the time, energy, and materials invested.

I have read, understood, and agree to the terms above.

Client Signature: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_

