

Divine Regeneration LLC General Waiver and Liability Release Form

Please take a moment to read and initial all the following statements. By signing below, I agree to the following:

_____ I give my permission to receive a Reiki session.

_____ I declare that I am of sound mind to decide to receive a Reiki session.

_____ I realize that the services offered today are not a substitute for medical care. I know that my Reiki master is not qualified to diagnose, prescribe, or treat physical or mental illness.

_____ If I experience pain or discomfort during the Reiki session, I will immediately inform my Reiki master so that adjustments can be made to my level of comfort. I will not hold my Reiki master responsible for any pain or discomfort I experience during or after the Reiki session.

_____ I comprehend there could be possible minimal risks associated with a Reiki session due to my physical, mental, and emotional condition and I therefore release Divine Regeneration Inc. and my Reiki master from all liability concerning possible minimal injuries that may arise as a result of the Reiki session based on my physical, mental, and emotional condition.

_____ I comprehend that Reiki is entirely therapeutic and non-sexual in nature.

_____ I know that I or my Reiki master may terminate the Reiki session at any time.

_____ I have been given a chance to ask questions about the Reiki session and my questions have been answered.

_____ I realize that should I cancel an appointment less than 24 hours prior to the scheduled time or “no show” an appointment, I am subject to a fee equal to the cost of the missed appointment. If the appointment was booked under gift certificate, it will be voided in lieu of the fee. If there is no money taken prior to the Reiki session, the Reiki master has the right to refuse future services due to absence.

_____ I have received the policy statement and have read and agree to the policies therein.

_____ In signing this release, I hereby waive and release Divine Regeneration LLC and my Reiki master from any and all liability past, present, and future relating to Reiki. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional ***Waiver and Liability Release*** to the full extent of the law.

Client Signature: _____

Print: _____

Date: _____

Parent Signature: _____

Print: _____

Date: _____

NOTE: All waiver & liability release forms must be completed, signed, and e-mailed back to cherryblossom1111@divineregeneration.com prior to any Reiki session. Thank You.