



KIM
HEALS

FAMILY CONSTELLATION WORKSHOP | CLIENT RELEASE and INFORMED CONSENT FORM

Facilitator: **Kim Dantas**

Session Type: **Focus Client Session**

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING

❖ **Nature of the Work**

I understand that Family Constellation work is an experiential and spiritual process, not a form of therapy, medical treatment, or mental health care.

I understand that the facilitator, Kim Dantas, is not a licensed therapist, psychologist, psychiatrist, or other state-licensed mental health professional.

I understand that this session is not a substitute for medical care, therapy, psychological counseling, psychiatric treatment, or any other professional advice or service.

❖ **Personal Responsibility**

I understand that the session may bring up unresolved or emotionally challenging issues.

I accept full responsibility for my emotional, mental, and physical well-being during and after the session.

- I agree to seek professional support if needed and acknowledge that this session is not intended to replace such support.

❖ **Release of Liability**

I hereby voluntarily release, indemnify, and hold harmless Kim Dantas, her agents, representatives, and any co-facilitators, from any and all claims, demands, or causes of action, known or unknown, arising from or in connection with my participation in this Family Constellation session.

I acknowledge that I am participating of my own free will and assume full responsibility for any outcomes or effects resulting from this experience.

❖ **Confidentiality**

I agree to keep confidential the identities and personal experiences shared by others during the session, and I understand that the same level of confidentiality is extended to me.

By signing below, I confirm that I have read, understood, and voluntarily agree to the terms outlined in this release form.

Print Full Name