



SOUL SANCTUARY BLESSINGS CONSENT FORM

Cindy S. Jurado
Soul Sanctuary Blessings
60 Marquis View S.E

CLIENT NAME: _____ DATE OF SESSION: _____

HEALING SESSIONS CHOSEN: _____

HAVE YOU RECEIVED THE COVID VACCINE? YES NO

WHAT'S YOUR ZODIAC SIGN? _____

Fertility Section

If you are coming for a Fertility Session, have you received IVF treatments? YES NO

Are you currently receiving? YES NO

How long have you been trying to conceive? _____

Who referred you? _____

WRITE DOWN YOUR THREE (3) INTENTIONS:

CONSENT AND RELEASE OF LIABILITY:

- I allow Cindy of Soul Sanctuary Blessings to perform a healing session on myself with the intention of the highest good
- It is my understanding it is not a replacement of conventional Western medicines but a supplementary medicine
- I will continue to take any medications as prescribed by a doctor as required

RELEASE TO SOCIAL MEDIA

- I allow Soul Sanctuary Blessings to use any reviews or testimonials in its social media i.e. Facebook, Instagram

If YES, Soul Sanctuary Blessings may use my (Please Encircle)

FIRST NAME

ANONYMOUS

ALIAS NAME(Please Print)

