



General Responsibilities and Liabilities Release Form

1. I am willing to be guided through relaxation, visual imagery, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand the above modalities are not substitutes for regular medical care, and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new, or existing medical conditions.
3. I understand that change is my own and complete responsibility. I understand that ALL HEALING IS SELF-HEALING and that Olivia Grace is only a “facilitator” in the process of helping me solve my own problems. It is my responsibility to be open and honest, provide accurate feedback, and be forthcoming with details and information that may help me achieve my outcomes.
4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the facilitator, but from my own higher being.
5. I understand that my facilitator may elect NOT to proceed with the session if she feels it is not in her or your best interest to do so. My facilitator is NOT liable for a travel cost (airline, hotel, etc.) associated with declining a session.
6. I understand that our session may be digitally recorded for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording result in static or blank recordings.
7. I agree to full release and hold harmless Olivia Grace and With Divine Grace from and against any and all claims or liability of any nature arising out of, or in connection with, my sessions.

Client Full Name (Print): _____

Client Signature: _____ Date: _____

Special use of information

I understand that my full name and personal information will be kept completely confidential.

I understand that I may share my recording and information in the future in any way that I am personally comfortable.

I understand that in some sessions, universal information may be provided through the client to benefit all of humanity. I agree to allow Olivia Grace/With Divine Grace to share this information, and any accompanying story summary, either in audio or video or in written form, in blogs or books as long as my identity, name, and all relevant personal details are omitted or changed.

Client Signature: _____ Date: _____