



Client Liability Release Form

By signing below, I acknowledge and agree that:

- Lalita Vaid does not prescribe medications or provide medical treatments
- The sole purpose of this session/s is for relaxation or stress reduction, plus also to balance, harmonize, release and heal on all four levels (physical, mental, emotional and spiritual)
- I understand that some bodily functions may temporarily be affected as a result of shifting energy within my body and I agree that this is a natural occurrence (E.g. release of gas from the rectum) or is non-sexual in nature (E.g. erection in male clients)
- I assume sole responsibility for my own health and for the results of any sessions provided by Lalita Vaid that may affect my health in any way
- Treatment/s will not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical physician and will continue to follow his/her instructions
- I release Lalita Vaid from all legal liability during my participation in Lalita Vaid treatment/s
- All information received by me from Lalita Vaid is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility

Please Print Name

Signature

Address

Date

E-mail

Phone #

Recommended by
