

## High Priestess Herbal Care

# Energetic & Emotional Release Waiver

Full Name:

Session Type:

Date:

### ACKNOWLEDGMENT OF SPIRITUAL AND EMOTIONAL EFFECTS

I understand that the energy healing, sound therapy, intuitive bodywork, or ritual cleansing I receive may result in deep energetic shifts. These may include:

- Emotional purging (crying, vivid dreams, spontaneous release)
- Detox symptoms (tiredness, heightened emotions, needing rest)
- Spiritual downloads or intuitive clarity
- Energetic realignment and transformation

I acknowledge that I am emotionally prepared for this type of inner work and that I take full responsibility for my healing journey.

### Energetic Responsibility Agreement

- I understand that healing is not always linear.
- I agree to take care of myself before and after my session (rest, hydration, grounding).
- I acknowledge that all messages received during the session are for spiritual guidance only and should not replace medical or psychological care.
- I affirm that I am engaging in this work willingly and with reverence.

### Cancellation & Late Policy

I understand that if I need to cancel or reschedule my session, I must do so at least 24 hours in advance. Cancellations within less than 24 hours may result in a cancellation fee or loss of deposit.

By signing below, I confirm that I have read, comprehended, and agree to the checklist and the lash lift procedure outlined above.

Client's Signature:

Technician's Signature: