

## High Priestess Herbal Care

# Client Consent Form

### CLIENT INFORMATION

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

### CONSENT FOR HOLISTIC SERVICES

I understand that the services provided by High Priestess Herbal Care may include but are not limited to:

- Reiki & Energy Healing
- Sound Therapy
- Spiritual Guidance & Tarot
- Intuitive Bodywork
- Aromatherapy & Herbal Support
- Crystal and Chakra Balancing
- Ritual-based Cleanses and Blessings

- These are complementary wellness services intended to support my energy field, emotional body, and spiritual wellness. I understand these are not medical, diagnostic, or clinical services and are not a substitute for medical treatment or mental health care.

#### Liability & Boundaries Agreement

- I confirm that I am voluntarily receiving this service.
- I release the practitioner and High Priestess Herbal Care from any liability that may result from this session.
- I understand that any physical touch involved in the session (Reiki, massage, cupping) is professional, consensual, and therapeutic in nature.
- I acknowledge that I will communicate any discomfort or boundary at any point before, during, or after the session.

#### 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: