



Think well. Do well. Be well.

ENERGY WORK SESSION CONSENT FORM

ENERGY WORK SESSION

CLIENT is of legal age and is requesting an Energy Work Session with Kim Muehlbauer (CONSULTANT), Certified Reiki Master, Herbalist, Coach and Wellness Lifestyle Practitioner. CLIENT understands that this Session is not intended to replace medical care and that CLIENT will seek medical treatment from a licensed health care provider if required.

HEALTH CONDITION DISCLOSURE

CLIENT confirms that he/she has disclosed any diagnosed medical conditions relevant to the purposes of the Energy Work Session.

ENERGY WORK DISCLAIMERS

CLIENT understand that Energy Work is not regulated nor approved by the Federal Drug Administration (FDA) unless otherwise noted. CLIENT understands that no guarantees are made or implied regarding results from Energy Work methods, and that achieving wellness requires CLIENT'S commitment to his/her own good health.

NO OBLIGATIONS

CLIENT is under no obligation to follow any of the recommendations made by CONSULTANT.

SCHEDULE AND FEES

The time of Energy Work Sessions and/or location will be determined based on a mutually agreed upon time.

- CLIENT is responsible to be on time for scheduled Energy Work Sessions.
- CLIENT will schedule Energy Work Sessions and make all payments in advance of Sessions through the website: www.TheWellnessMindsetCOACH.com/services

CANCELLATION POLICY

CLIENT agrees that it is CLIENT's responsibility to notify CONSULTANT 24-hours in advance of the scheduled session. CLIENT will not be reimbursed if Energy Work Session is cancelled or rescheduled without a 24-hours' advance notice.

CONFIDENTIALITY

The Energy Work Session, as well as all information (documented or verbal) that CLIENT shares with CONSULTANT as part of this relationship, is bound by the Principles of Confidentiality. However, the CONSULTANT-CLIENT relationship is not considered a legally confidential relationship (like medical and legal professions) and thus communications are not subject to the protection of any legally recognized privilege.

- CONSULTANT agrees not to disclose any information pertaining to CLIENT without CLIENT's written consent.
- CLIENT understands that certain topics may be anonymously and hypothetically shared with other Wellness Professionals for training or consultation purposes.

LIMITED LIABILITY

Except as expressly provided in this Energy Work Session Consent Form, CONSULTANT makes no guarantees, representations or warranties of any kind or nature, express or implied with the respect to Energy Work Services negotiated, agreed upon and rendered. In no event shall CONSULTANT be liable to CLIENT for any indirect, consequential or special damages.

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ AND CONSENT TO THE ABOVE.

CLIENT Printed Name

CLIENT Address

CLIENT Signature

Date Signed