

Conscious Completion, Inc. Laurel Anderson-Rostami, MA, ABS

Clearing Elixir and Surgical Elixir Waiver, Release and Agreement.

Please initial, sign and email to: consciouscompletion@gmail.com

_____ I have read the Clearing/Surgical Elixir Page of the Conscious Completion website. I understand what is being provided, Surgical Elixir options and my responsibilities for this offering.

_____ I consent to participate with Laurel Anderson-Rostami, MA, ABS of Conscious Completion, Inc. with all Clearing Elixirs and Surgical Elixirs provided for promotion of my health and well-being including Surgical Elixirs provided to support surgery or other medical procedures.

_____ Clearing Elixirs and Surgical Elixirs clear energetic barriers connected to transgenerational memory so the body can bring in its innate wisdom in whatever forms or layers it needs to facilitate a new normal. Any resulting alchemy and detox are dependent on and related to the individual client's body reorganizing and cleansing and are the client's responsibility.

_____ I understand Clearing Elixirs and Surgical Elixirs are separate and independent from the surgery, medical procedures or other simultaneous events occurring. Hence, Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. do not assume responsibility for the procedure or event outcome or any medical or health condition that I now have or may have in the future. No medical care or health care is being provided in connection with the Clearing Elixir and Surgical Elixir. No result(s) are being promised.

_____ I understand Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. are in support of conventional medical treatment, evaluation, diagnosis, prescriptions, or other licensed health care and that these are not to be modified, suspended, or stopped due to Clearing Elixirs and/or Surgical Elixirs.

_____ While receiving Clearing Elixirs and Surgical Elixirs I certify that I am maintaining a sound mind, competent mental capacity and understanding that it is most beneficial to follow all Clearing Elixirs and Surgical Elixirs with a follow-up Transgenerational Clearing session. There is no promise of effects or outcomes from Clearing Elixirs or Surgical Elixirs.

_____ I will not use Clearing Elixirs and/or Surgical Elixirs in replacement for current or future medical care or any other care deemed necessary by my doctor(s) or licensed health providers.

_____ I understand I may have a physical response (detox) to Clearing Elixirs and/or Surgical Elixirs, and this may need to be supported with medical care, additional Transgenerational Clearing, and a local licensed mental health Counselor.

_____ I have read this Conscious Completion, Inc. Clearing Elixir and Surgical Elixir Waiver, Release and Agreement, and asked any questions I had. I authorize all current and future Clearing Elixirs and Surgical Elixirs. On behalf of myself, and my heirs, representatives, successors, and assigns, I release and waive any and all claims in connection with Clearing Elixir and Surgical Elixir that I or they now have or may have in the future against Laurel Anderson-Rostami, MA, ABS, Conscious Completion, Inc., assistants, employees or anyone else involved with Clearing Elixir and Surgical Elixir, Transgenerational Clearing or otherwise involved with an event or procedure in which this Clearing Elixir and/or Surgical Elixir occurs.

_____ I KNOW THAT AT LEAST 24-HOURS NOTICE IS REQUIRE FOR A REFUND OR CREDIT

Written Name _____

Signed Name _____ Date _____