

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

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Conscious Completion, Inc. Ancestral Clearing Waiver, Release and Agreement

Please initial, sign at the bottom and email to: landersonr@aol.com. Thank you!

_____ I consent to participate with Laurel Anderson-Rostami, MA, ABS of Conscious Completion, Inc. with all Ancestral Clearing provide for promotion of my health and well-being. 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 Ancestral Clearing.

_____ While receiving Ancestral Clearing I certify that I am maintaining a sound mind, competent mental capacity and understanding that it is most beneficial to follow all Ancestral Clearing with Wellness Coaching. There is no promise of effects or outcomes from Ancestral Clearing.

_____ Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. do not assume responsibility for any medical or health condition that you have or may have in the future.

_____ I will not use Ancestral Clearing in replacement for current or future medical care or any other care deemed necessary by my doctor(s).

_____ I understand I may have a physical response (detox) to Ancestral Clearing and this may need to be supported with medical care, Wellness Coaching and a local licensed mental health Counselor.

_____ I have read this Conscious Completion, Inc. Ancestral Clearing Release, Waiver and Agreement, and asked any questions I had. I authorize all current and future Ancestral Clearing. On behalf of myself, and my heirs, representatives, successors, and assigns, I release and waive any and all claims in connection with this Ancestral Clearing 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 Ancestral Clearing or otherwise involved with an event in which this Ancestral Clearing occurs.

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

Written Name _____

Signed Name _____ Date _____

Phone # _____ Email _____