

Conscious Completion, Inc. Laurel Anderson-Rostami, MA, ABS
34405 Columbine Ln. Polson, MT 59860 * (425) 572-0224 * consciouscompletion.com

Conscious Completion, Inc. Transgenerational Clearing Waiver, Release and Agreement for Remote Clearing and Surgical Elixir

Please initial, sign at the bottom and send to address above. Thank you!

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

_____ I understand Transgenerational Clearing is separate and independent from the surgery, medical procedure or other simultaneous events occurring. Hence, there should be no expectation of what the result(s) may be. Transgenerational Clearing clears the barriers so the body can bring in its innate wisdom in whatever forms or layers it needs to facilitate a new normal.

_____ 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 Transgenerational Clearing.

_____ While receiving Transgenerational Clearing I certify that I am maintaining a sound mind, competent mental capacity and understanding that it is most beneficial to follow all Transgenerational Clearing with Wellness Coaching. There is no promise of effects or outcomes from Transgenerational 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 Transgenerational 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 Transgenerational Clearing, 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. Transgenerational Clearing Waiver, Release and Agreement, and asked any questions I had. I authorize all current and future Transgenerational Clearing. On behalf of myself, and my heirs, representatives, successors, and assigns, I release and waive any and all claims in connection with this Transgenerational 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 Transgenerational Clearing or otherwise involved with an event in which this Transgenerational Clearing occurs.

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

Written Name _____

Signed Name _____ Date _____

Phone # _____ Email _____