

Consent and Release Waiver

Energy Work

I, the undersigned, understand that the energy work session given involves a natural hands-on method of energy balancing for the purpose of pain management, stress reduction, and relaxation. I understand very clearly that these treatments are not intended as a substitute for medical or psychological care.

I understand that energy work practitioners do not diagnose conditions, nor do they prescribe medicines, nor interfere with the treatment of a licensed medical professional. It is recommended that I seek a licensed health care professional for any physical or psychological ailment I have.

I understand that the practitioner may be placing hands on me during the energy work session and using healing tools such as sound healing instruments, crystals, and natural items.

Energy Readings

Tarot, Oracle Cards, Rune Stones, Channelings, and Energy Readings are not based on any scientific findings and in order to adhere to current legal legislation it should be pointed out that they are therefore only to be deemed for entertainment purposes.

For legal reasons readings will not be offered to anyone under the age of 18.

Readings are based on my interpretation of the cards/stones turned, or of the energies. Information discussed during a reading is to be understood as a guideline only. Any actions you take because of this information will be entirely due to your own choice and is solely your own personal responsibility.

If subject matter addresses any legal, medical, financial or business subject it is your responsibility to seek advice from professionals within these fields prior to taking any action and any action taken is your personal responsibility.

All bookings made for private readings are done so with the understanding that you have read and agree to the details shown above. I have read and agree to the information shown above and hereby exercise my right to request and receive a private reading.

Coaching/Counseling

I understand that coaching and counseling is a broadly inclusive process that may include different areas of my life including and not limited to health, professional or family relationships, spirituality, and work. I acknowledge that it is my decision and choice how to utilize information I receive through sessions. It is my responsibility.

I understand and agree that I am responsible for my physical, mental and emotional well-being during my coaching and counseling appointments. These appointments may take place in person or by phone. Any choices I make or injuries that I incur from recommendations made during these appointments are fully my responsibility.

I understand that coaching and counseling is intended for individuals who want to take action and make behavior changes in the service of their goals for life, health, well-being, spirituality, wellbeing, or work. Coaching and counseling does not involve the diagnosis or treatment of physical or mental disorders and I will not use it in place of any other diagnosis, therapy or treatment for other advice given me by medical, legal, financial or other qualified professional.

Consent and Release Waiver

Liability

Total liability under this agreement shall be limited to the total amount actually paid by a client to the practitioner. In no event shall the practitioner be liable for any consequential or indirect damages alleged to result from the practitioner's performance or obligations under this agreement. I understand, acknowledge and agree that limited liability is a fundamental part of this agreement. The fees charged in this agreement reflect the risk agreed upon by both client and practitioner. No action, regardless of nature arising from services may be brought by the client more than one (1) year after services rendered.

COVID-19 Liability Release Waiver

Due to the current outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include: • Fever • Fatigue • Dry Cough • Difficulty Breathing

I agree to the following:

I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.

I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.

I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.

I understand that Feed Your Spirit LLC and Soothsayers Aria cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Signature

By signing below, or indicating "YES I AGREE TO THE WAIVER" electronically via text/email or verbal agreement, I agree to each statement above and release Feed Your Spirit LLC from any and all liability for unintentional exposure or harm due to COVID-19, and/or other services mentioned.

Name

Date

