

THE HEALING GARDEN OF DESTINY

Final Waiver, Release of Liability & Payment Agreement

VOLUNTARY PARTICIPATION & BINDING LEGAL RELEASE

1. VOLUNTARY SERVICE & RIGHT TO TERMINATE

- I acknowledge that I am seeking services **voluntarily**. I understand that I have the absolute right to discontinue care at any time and choose not to return for future services for any reason.
- I have the right to provide feedback or voice concerns during any session. By continuing treatment, I am affirming my consent to the protocols used.

2. FINANCIAL RESPONSIBILITY

- Payment at Time of Service:** I understand and agree that **all payments are due in full at the time services are rendered**. I am responsible for the cost of the session regardless of my personal satisfaction with the clinical outcome.
- I acknowledge the 24-hour cancellation policy and agree to pay the full service fee for late cancellations or "no-show" appointments.

3. COMPREHENSIVE RELEASE OF LIABILITY

- No Legal Liability:** I hereby release, waive, and discharge **Veronica Salber** and **The Healing Garden of Destiny** from any and all liability, claims, or legal harm. I agree that I will not bring any lawsuit or legal action for personal injury, emotional distress, or dissatisfaction.
- OPR & Regulatory Waiver:** I agree that I will not file complaints with the Vermont Office of Professional Regulation (OPR) based on dissatisfaction with the holistic results or elective nature of the treatment, as I have entered this agreement of my own free will.

4. PROFESSIONAL BOUNDARIES

- I understand the zero-tolerance policy for illicit or sexual behavior. I acknowledge that such behavior will be reported to the police and results in immediate forfeiture of all fees paid.

I HAVE READ THIS AGREEMENT AND VOLUNTARILY SIGN IT, FULLY UNDERSTANDING THAT I AM WAIVING SUBSTANTIAL LEGAL RIGHTS.

Client Signature

Date

Parent/Guardian Signature (if minor)

Date