

Empowered Living LLC

Personal Information:

Name: _____ Date: _____

Address City/State/Zip _____

Email _____

Phone _____ Date of Birth _____

Occupation _____

Emergency Contact _____ Phone _____

How did you hear about me? _____

Client Consent for Remote Sessions

___ I am choosing to participate remotely in meditation/partswork, hypnosis, intuitive readings, spiritual coaching, EFT Tapping and/or energy modalities of my own free will.

___ I acknowledge that this is not meant to replace any medical model, medication, medical or psychological care from a qualified physician. I realize that these services are not meant to diagnose, treat, cure, or prevent any disease or illness. When dealing with physical and or mental illness or disease, I should always consult a qualified physician or therapist.

___ I have been given the opportunity to ask questions regarding this document and my sessions.

Disclosures

- No specific claims or guarantees will be made by the practitioner regarding results from the sessions.
- The practitioner does not diagnose conditions or prescribe treatments.

Hold Harmless Clause

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless, Tina Marie and or Empowered Living LLC from and against any and all claims or liability of whatsoever kind or nature arising out of, or in connection, with my session(s).

Client Signature: _____

Date: _____