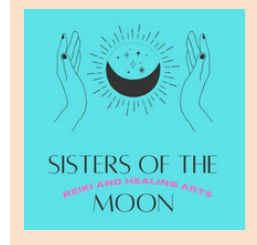


Consent Form & Liability Waiver



I hereby consent to and authorize _____ to perform a reiki/chakra cleansing treatment. Please read and initial the following statements:

_____ I understand that Reiki is an energetic healing modality that uses the body's own healing abilities to promote balance and relaxation.

_____ I understand that the Reiki and energy healers do not diagnose illness, disease, or mental disorder.

_____ I understand that Reiki and energy healers do not prescribe medical treatment or pharmaceuticals.

_____ It has been made clear that energy healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a doctor for any physical or mental ailment.

_____ I understand that the treatment provider will work above my body and may lightly place their hands on various parts of my body.

_____ I understand that if I do not wish to be touched that I should let my provider know.

_____ I agree that the Reiki and energy healers cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session.

_____ I have stated all of my known medical conditions to my provider and if necessary I will keep her updated on my physical, mental, and emotional health.

_____ I agree to allow the Reiki and energy healers to provide mental/emotional/physical and spiritual support using intuitive healing techniques.

_____ I understand that my practitioner may use additional beneficial therapies to complement my Reiki session including but not limited to aromatherapy, and crystals.

_____ I attest that I understand the nature of the treatment and freely elect to receive treatments.

_____ I release the providers from any and all claims of malpractice, non-disclosure, or lack of informed consent.

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the practitioner of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the practitioner of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my practitioner for any injury or damages incurred due to any misrepresentation of my health. I am over 18 years of age and consent to the agreement.

Name Printed

Signature

Date

Practitioner Name Printed

Signature

Date