SERENITY THRU STORMS – CLIENT WAIVER & RELEASE AGREEMENT

Client Name: _____
Date: _____

1. Nature of Services
I understand that Serenity Thru Storms provides emotional-wellness support, encouragement, guidance, and non-clinical assistance. These services do NOT replace professional therapy, medical treatment, or crisis intervention.

2. No Medical or Clinical Claims
I acknowledge that Serenity Thru Storms does not diagnose, treat, or cure any mental or physical condition.

3. Personal Responsibility
I agree that I am responsible for my own choices, well-being, and actions during and after sessions.

4. Confidentiality
My information will be kept private except in cases where disclosure is required by law (such as risk of harm to self or others, or legal obligations).

5. Release of Liability
I release Serenity Thru Storms and its representatives from any liability related to my participation in sessions or support services.

6. Consent
By signing below, I confirm I have read, understood, and agree to this waiver.

Signature: _____

Printed Name: _____

Date: _____