**LIABILITY WAIVER AND ASSUMPTION OF RISK FORM FOR MEDIUMSHIP SERVICES**

I, the undersigned, acknowledge and agree to the following. I am voluntarily participating in mediumship services provided by **Aethera Coaching LLC/DBA Medium Beth** (hereafter referred to as "the Provider"). I understand that mediumship involves communication with spiritual entities and the interpretation of messages received from them. I understand that mediumship is a subjective and experimental practice. Results and experiences may vary widely among individuals, and no specific outcomes can be guaranteed.

I acknowledge that participation in mediumship services may involve emotional, psychological, and spiritual risks, including but not limited to:

* Emotional distress or discomfort
* Unexpected or disturbing information
* Misinterpretation of messages
* Personal dissatisfaction with the service
* Potential impact on personal beliefs and relationships

I voluntarily assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the mediumship services. I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and covenant not to sue the Provider, its affiliates, employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in the mediumship services.

I understand that the Provider is not a licensed therapist, counselor, or medical professional. Mediumship services are not a substitute for professional mental health care, medical treatment, or legal advice. Any guidance provided is for spiritual and entertainment purposes only. I acknowledge that any personal information shared during the mediumship session will be kept confidential by the Provider, except as required by law.

I affirm that I am at least 18 years of age and legally competent to sign this agreement. If under the age of 18, a parent or legal guardian must sign this form on my behalf.

This agreement shall be governed by and construed in accordance with the laws of the state of **Connecticut**, without regard to its conflict of law principles.

If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions will continue in full force and effect.

I have read this Liability Waiver and Assumption of Risk Form, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if participant is under 18):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_