

## **Aethera Coaching LLC / DBA Medium Beth**

### **LIABILITY WAIVER AND ASSUMPTION OF RISK FORM**

I, the undersigned, acknowledge and agree to the following terms for participation in services provided by Aethera Coaching LLC/DBA Medium Beth (hereafter referred to as "the Provider"). I understand that these services are subjective and experimental, with no guaranteed outcomes. I voluntarily assume all risks associated with participation, including emotional, psychological, and spiritual risks. I acknowledge that the Provider is not a licensed therapist, counselor, or medical professional, and that these services do not replace professional medical, mental health, or legal advice.

### **Services Provided**

(Please check the services you are participating in and initial next to each selected service.)

#### **[ ] Evidential Mediumship Services**

*I understand that mediumship involves communication with spiritual entities and the interpretation of messages received from them. I acknowledge that results may vary and that I assume all risks associated with this service.*

**Initials:** \_\_\_\_\_

#### **[ ] Meditation/Guided Meditation (Alpha or Theta/Trance)**

*I understand that meditation may involve sitting, standing, or walking practices. I represent that I have no physical or mental health conditions that would prevent my safe participation. I assume full responsibility for any risks, injuries, or damages that may result from my participation.*

**Initials:** \_\_\_\_\_

#### **[ ] Intuitive Reading Services (May Be Used w/Psychic Readings)**

*I understand that Tarot, Oracle Cards, and Rune Stones are not based on any scientific findings and are for entertainment purposes only. Readings are based on the Provider's interpretation of the cards/stones, and any decisions made based on the reading are my sole personal responsibility. If legal, medical, financial, or business topics arise, I acknowledge that I should seek professional advice before taking action. I understand that I have the right to discontinue the reading within the first ten minutes without charge, but after that time, payment will be required. The Provider also has the right to discontinue a reading at any time. I affirm that I am at least 18 years of age.*

**Initials:** \_\_\_\_\_

## Waiver and Release

I voluntarily assume full responsibility for any risks, injuries, or damages, known or unknown, that may arise from my participation in the selected services. I 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, sustained while participating in these services.

I acknowledge that any personal information shared during the session will be kept confidential by the Provider, except as required by law. This agreement shall be governed by the laws of the state of Connecticut, and if any provision is found to be invalid, the remaining provisions shall remain in full force and effect.

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

## Acknowledgment and Signature

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: \_\_\_\_\_