

BS"D

Shoshana Averbach, LMSW, MA

Authentic Radiance Energy Healing

[www.authenticradiance.life](http://www.authenticradiance.life)

347.410.7581

### **Client Consent & Waiver Form**

I \_\_\_\_\_ verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, unless I provide written consent. I hereby give my consent to receive treatments/services and I acknowledge and agree that I am doing so at my own risk. My mental and physical health and safety with respect to such services are my sole responsibility. My decision to receive services is voluntary, and I know of, understand and assume any and all the risks associated therewith—including following advice which I am free to accept or not. In exchange for receiving services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my practitioner harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen.

### **Terms of Service, Lateness, Cancellations**

Please see a full version on [www.authenticradiance.life](http://www.authenticradiance.life).

-If the practitioner cannot accommodate lateness, the session will be for the original allotted time only with full payment.

-Cancellations and rescheduling require at least 48 hours' notice; otherwise, the client is responsible for the time that the practitioner set aside and is responsible for payment.

### **Please take a moment to read the following information:**

- If I experience pain or discomfort during the session, I will immediately inform my practitioner. I will not hold my practitioner responsible for any pain or discomfort I experience before, during or after the session.
  - I understand that the services offered today are not a substitute for medical nor professional mental-health care.
  - I understand that my practitioner is not qualified to carry out a medical examination or provide a diagnosis and I agree not to interpret their comments as medical advice.
  - I affirm that I have notified my practitioner of all known medical conditions and injuries.
  - I agree to inform the practitioner of any changes in my health and medical condition. I understand that there shall be no liability on the practitioner's part should I forget to do so.
  - I understand that treatment is non-sexual in nature.
  - I understand my medical information and treatment notes may be released to other, third party, health practitioners whom I agree for my practitioner to refer me to.
  - I agree that my practitioner will need to disclose my personal information, if required to by law.
  - By signing this release, I hereby waive and release my practitioner from any and all liability, past, present and future relating to this treatment.
- The practitioner's professional licenses are not connected to the energy healing & related services performed.

I certify that I have read and understood the above and agree to the terms and conditions of this practitioner and the services.

Client Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

Client Signature\* \_\_\_\_\_

\*I consent that my electronic signature shall bear the same weight as an ink signature on paper.

Please send the completed form to [authentic.radiance613@gmail.com](mailto:authentic.radiance613@gmail.com).

Thank you.

Updated 2/2/2025