Jenny Darlin

Body Work & Energy Renewal — Consent & Preferences

For Crystal + Seashell Therapy, Light Washing™ & Sound Harmonic Healing

A little clarity before we begin: this form is a backup paper/PDF option for body work and energy renewal sessions. It does not replace medical care, diagnosis, or treatment. You are always welcome to ask questions, request adjustments, or stop any part of a session at any time.

Client name: _____ Date: _____

Email: _____ Phone: _____

Emergency contact: _____ Phone: _____

Which experience are you receiving?

■ Crystal + Seashell Therapy ■ Light Washing™ ■ Sound Harmonic Healing

■ Combination session / not sure yet

Session awareness & preferences

■ I understand these sessions are complementary wellness experiences and not a substitute for medical, psychological, psychiatric, or other licensed healthcare services.

■ I understand that no specific outcome is guaranteed.

■ I understand I may pause, change, or end any part of a session at any time.

■ I understand these offerings may include quiet reflection, guided awareness, energetic support, light, sound, crystals, shells, or optional touch depending on the experience selected.

Please initial your preferences if applicable:

_____ I am comfortable with optional light touch as part of my session.

_____ I prefer no physical touch. Please keep the work hands-off or ask first each time.

_____ I am comfortable with crystals and/or shells placed on or around my body.

_____ I am sensitive to sound volume or vibration and would like gentler sound support.

_____ I am sensitive to light and would like Light Washing™ adjusted gently or omitted.

Areas, techniques, or triggers to avoid:

_____

Health & sensitivity notes

Please share anything you would like considered during your session, such as sound/light sensitivities, sensory overwhelm, skin sensitivities, allergies, scent concerns, implanted medical devices, pregnancy, recent injuries, seizures, or migraines.

_____

_____

Client acknowledgment

By signing below, I confirm that I have read and understand this form. I understand that my session with Jenny Darlin is a supportive wellness experience intended for relaxation, self-awareness, and personal reflection. I understand I am responsible for communicating my needs, questions, and preferences, and I may withdraw consent at any time during the session.

Client signature: _____ Date: _____

Printed name: _____

Please return completed forms to: love@jennydarlin.com

This form is for client communication and informed consent. Consider legal and scope-of-practice review before business use.