



### Private Session Release Waiver

I, \_\_\_\_\_ (first name) :

- ★ am choosing under my own self-domination to participate in private sessions with Zahra Indigo Rønlov and understand that her role is to guide me through my own healing process.
- ★ understand that Zahra Indigo does not diagnose conditions, prescribe substances, perform medical treatment, or interfere with the treatment of licensed medical professionals. It is Zahra Indigo's recommendation that I see a licensed physician or licensed healthcare professional for any physical or psychological ailments I may have.
- ★ understand that I hold within me the wisdom to learn, grow, and heal myself when the physical, mental, emotional, and spiritual aspects are ministered to. With my choice to work with Zahra Indigo, I acknowledge my intention to bring attention to my own self-improvement and healing process.

By signing here, I acknowledge that I understand and agree with the above statements, and that Zahra Indigo Rønlov is not liable for any physical or psychological ailments I may have had, have currently, or may develop during or after any sessions with her.

\_\_\_\_\_  
Signature / Printed Name / Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone / Email

#### Initial Your Preferences:

\_\_\_\_\_ Please record my online zoom session. *I give my permission for my sessions to be recorded. A link to your session will be emailed to you for your future access. The digital recording will be stored on Zahra Indigo's computer and downloaded to google in order to transfer the link to you. Once you receive the google link, please download it. The google link will remain active for 45 days before being removed.*

\_\_\_\_\_ Do not record my zoom session. *Please note that in-person and phone sessions will not be recorded.*

\_\_\_\_\_ Please add me to Zahra Indigo's mailing lists. *Receive occasional emails with my various offerings.*

\_\_\_\_\_ I am already on her mailing lists. *Thank you for being connected in this way!*

**Please sign and return to [info@sacredwitness.center](mailto:info@sacredwitness.center) before your first session.**



## Private Session Intake Form

- 1) What is your intention for your first session with Zahra Indigo?
  
- 2) Whether physical, emotional, or spiritual:
  - a) Is your situation or illness acute or chronic?
  
  - b) On a scale of 1 (barely anything) - 10 (epically excruciating), where does this usually fall?
  
  - c) How long has this been going on, and is it constant or does it come and go?
  
  - d) Have you worked with others around this particular issue? If so, what was their specialty/practice/method (for example, MD, Reiki, Herbalism, Psychologist) and what was your result?
  
  - e) Is there anything more that is pertinent that you want to share about this?
  
- 3) Do you have any questions for Zahra Indigo?
  
  
- 4) How did you find Zahra Indigo?

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