



XANGO SACRED WISDOM TAROT READINGS & RITUAL WORKS CLIENT CONSENT FORMS



I _____, do agree that my reading and ritual work is confidential and that the Tarot Reading does not replace Professional Medical/Legal/Business Opinion and Advice. It will not force you to follow a particular Course of Action or attempt to exert any form of Control over your **Free-Will** and Common Sense. The contents of a Tarot Reading are not legally binding. Any Decisions made, or Actions taken by you because of your Tarot Reading are your sole Responsibility and have not been Forced Upon You by me, your Tarot Reader. I assume no legal liability for any damages, losses, or other consequences of any client decisions, after, or based on, my Tarot readings.

Most people prefer to come by themselves as it is ‘their’ time. Please think carefully about what the need for company might be. Maybe you genuinely want company for reasons of translation or just sharing.

It is important to keep in mind that tarot readings can be very personal, and themes may be covered that you haven’t spoken about with anyone before.

So, if you do want someone there, please make sure it’s someone you feel very comfortable about bearing witness to your personal story in a therapeutic environment. If you make that decision to have someone there, I will not censor myself, so if there is anything I say that is surprising to the witness, you will need to take responsibility for that yourself.

What I describe during a reading is my perception of your life, and I do this with integrity and respect. My role is to illuminate pathways that you may not be able to see for yourself just yet. How you walk those paths is up to you: You can work towards meeting the pathways I describe, or avoiding them, as you wish. You create your future, at every moment, with every decision you make.

This is an agreement between the client and Spiritual Spectra (the practitioner) concerning the reading or ritual work session(s) and upon submitting this agreement, the client agrees to all terms laid out in this agreement.

_____ 1. I authorize and request my practitioner to carry out reading or ritual work sessions. I understand the process of these sessions will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my session is designed to be helpful, my practitioner can make no guarantees about the outcome of my session. Further, this process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my practitioner and me.

_____ 2. I am at least 18 years old, the age of consent to make any decisions as to my person and treatment.



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_____ 3. I understand that as part of the session, the practitioner may lay their hands lightly on my body, particularly on the head and over the heart and stomach. However, this will be done only with my consent. I will remain fully clothed during my session.

_____ 4. It is my responsibility to notify the Practitioner of any current medical conditions and medications, allergies, recent surgeries, transplants, prosthesis, pacemakers, or any other electrical, metal, or magnetic item in my body. I understand that reading or ritual work is intended to help the client, and any medical or psychiatric issue or condition that occurs during or after the reading or work session is not the responsibility of the practitioner. In addition, the practitioner will not be held liable for any information withheld by me as to my medical or emotional conditions. I will not hold the practitioner responsible or seek compensation for any injury or illness suffered by me caused in whole or in part by my participation in these readings or ritual work sessions.

_____ 5. Receiving a read or ritual work will not interfere with or replace traditional medical or psychiatric care, but can enhance other medical/psychiatric treatments. Therefore, clients under current medical or psychiatric care should not stop treatments or medication without advice from their physician/psychiatrist.

_____ 6. Any communication via email or cell phone may not be secure, so we will assume that you have made an informed decision when using these communication channels to provide information and are taking the risk of such communication being intercepted.

_____ 7. It may be necessary at times for us to leave or send you a message at the phone numbers and email addresses you provide us. By supplying us with specific phone numbers and email addresses, you authorize us to leave messages for you or send messages to you.

_____ 8. All information between practitioner and client is held strictly confidential. There are legal exceptions to this:

- a) The client authorizes a release of information with a signature.
- b) The client presents a physical danger to self or others.
- c) Abuse and/or neglect are suspected.
- d) The client is under criminal investigation, and a subpoena by a court of law has been issued for information on the client.

In the case of #b or #c above, we are required by law to inform potential victims and legal authorities so that protective measures can be taken.

_____ 9. I understand that I am responsible for payment of all fees charged at the time of service, to be paid either before or on the day of service. I agree to pay for all services rendered. I understand that once the ritual work has been initiated, there is No Refund due to the work has begun and the time and effort have been taken.



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_____ 10. I understand that during the ritual, work can take weeks or months, depending on how strong the work or the individual may be. I understand that I must have patience and understanding, as well as the faith and belief that ritual work will manifest. I understand I will not inform anyone about the ritual work that has been conducted. I understand that I will listen to my practitioner and do the step-by-step with no interference with the ritual work.

_____ 11. Practitioner(s) reserves the right to refuse any reading session without providing a reason and can cancel said reading session at any time. Any payment made before a reading session that is canceled by the practitioner will be refunded in full or rescheduled for a later date. (Online Appointment Only)

_____ 12. I understand that my relationship with my practitioner is entirely professional, and so any behavior on my part that is not professional and can be deemed sexual or abusive will be reported to the authorities.

By submitting below, I certify that I have read and understand this agreement and have full knowledge of its meaning and effect. If I violate the agreement, I know that the practitioner may discontinue sessions.

Print Name (Client)

Date

Signature (Client)

Print Name (Witness)

Date

Signature (Witness)

Print Name (Practitioner)

Date

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Client Copy