**Ginger Reed**

**Pandora’s Journey Life Coaching**

**702-339-8771**

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**New Client Agreement**

**Confidentiality:** Whatever is discussed during session is strictly confidential. No persons may access your records without written and verbal authorization from client. \_\_\_\_\_\_

**I UNDERSTAND:** Services provided by Ginger Reed are alternative modalities and are not a substitute or replacement for medical care or therapy. \_\_\_\_\_\_

In addition to coaching services provided by Ginger Reed, recommendations may be made to seek appropriate medical and mental health services, wherein lies the responsibility of client to seek these services. \_\_\_\_\_\_\_

I understand that Ginger Reed is not a licensed physician or medical professional, nor a licensed psychologist or mental health professional. Ginger Reed does not diagnose, prescribes, treats, cures, or heals any physical, emotional, psychological, or mental conditions and illnesses. I accept complete responsibility for my physical, emotional, psychological, and spiritual well-being, to include my reactions and responses to any information presented in services proved by Ginger Reed. \_\_\_\_\_\_\_\_

I acknowledge that any information obtained through these services (including but not limited to energy, affirmation, or empowering self-talk scripting); are considered alternative modalities and not intended to constitute or replace professional, legal, medical, emotional, psychological, instructional, or financial advice. I further acknowledge that any actions taken based on the information obtained through these services are my complete responsibility. \_\_\_\_\_\_\_\_

I agree that services provided by Ginger Reed, whether purchased for self or received as a gift, are subject to my own interpretation. I understand that these services are offered only to those persons of legal age (18 years of age) at the time of session booking. If I am not of legal age, I will provide written consent and physical verification from parent or legal guardian in order for these services to be scheduled. \_\_\_\_\_\_\_

I acknowledge that I have voluntarily agreed to request and participate in the services offered by Ginger Reed and am aware in the New Client Agreement the session conditions of my participation. \_\_\_\_\_\_\_

This document contains release of liability, terms, and voluntary consent based on a contract between client\_\_\_\_\_\_ and Ginger Reed.

Signature of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_