



# CONSENT FOR SOUND HEALINGS, REIKI, EFT/TFT AND CULTURAL SPIRITUAL PRACTICES

HALE MANA AURA A SACRED SPACE 3566 Harding Avenue Suite 202 Honolulu, HI 96818 808-212-9673

## Name

First Name Last Name

## Pronouns

## Email

example@example.com

## Phone Number

Please enter a valid phone number.

## Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

**Emergency Contact Name and Phone Number:**

CONSENT to Collect and Maintain Personal Information

I hereby consent and allow HALE MANA AURA to collect and maintain a file of personal information and information gathered during our session(s) for the sole purpose of evaluating and supporting my spiritual wellness. This personal information includes but is not limited to a health history and emergency contact number. This information will only be shared with my written authorization.

**Date**

Month Day Year

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WAIVER OF LIABILITY

By signing below I acknowledge, understand, and agree HALE MANA AURA does not diagnose, prescribe medications or supplements and/or provide specific treatment for specific conditions. The practitioner is not a licensed professional. The services provided by HALE MANA AURA are intended to promote relaxation and an overall sense of well-being. HALE MANA AURA will never ask me to change any pharmaceutical prescription medications prescribed by a licensed medical professional. If I experience any unwanted pain or discomfort which could be mental, emotional, or physical during the session I will immediately inform the practitioner and the session will stop. I am responsible for my own well-being and will not hold the practitioner responsible for any pain or discomfort during or after the service. There are no guarantees as to the results from a single session or multiple sessions. HALE MANA AURA reserves the right to refuse to provide a session or discontinue a session for any reason at any time. If I am late, the overall session length will be shortened as the appointment time is considered to be the start time of the session. By signing below, I waive and release MANA AURA, LLC from all liability relating to sessions involving Sound Healing, Reiki, Meditation, and other Cultural Spiritual Services.

**Date**

Month Day Year