



Awaken Thy Spark, LLC

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awakenthysparkllc.com

REIKI, MEDITATION, SHAMANIC WORK, AYURVEDIC THERAPY

RELEASE FROM RESPONSIBILITY & Session Notes

Date_____

The undersigned, _____, does hereby release *Donna Clark* from all responsibility, liability, and/or ramifications resulting from the undersigned's voluntary participation in Reiki, Meditation, Shamanic Work, or Ayurveda therapy treatment.

These activities and teachings in no way intended to be a substitute for individuals who need and seek professional medical treatment, and/or psychological or psychiatric advice and services.

Donna Clark is **not** a health practitioner. *Donna Clark* uses ancient technologies and philosophies such as Ayurveda and Reiki along with Shamanic work to balance the mind-body-soul complex.

Now, therefore, the undersigned does hereby release from responsibility and hold harmless *Donna Clark* from all liability or damages or responsibilities direct or indirect, because of participation in said events and counsel.

Participant Signature_____

(Please let Donna know if there are any medical concerns to be aware of)

SESSION # _____

Practitioner Information:

Treatment Used: _____

Session Notes: _____ Music: _____