

CLIENT WAIVER FOR SESSIONS WITH (INSERT YOUR NAME HERE)

Please send this form to (insert your email address here). Thank you.

Client Waiver

By booking and receiving a session (of any kind) with (insert your name here) I understand and agree to the following:

- Intuitive Healing Sessions are provided to be used for my own spiritual growth and **are not intended to take the place of advice from my mental health professional, my financial advisor, my doctor, or any other professional.** I understand (insert your name here) is not trained in any of the above professions and is not liable for any decisions or outcomes of decisions made due to information I may receive in a healing session.
- I hereby waive all rights to any cause of action against (insert your name here), or her assignees, agents or beneficiaries, stemming out of my session(s) with her. This Waiver also binds my agents, assignees, and beneficiaries.
- I understand that in some scenarios, a cord-cutting session may not be possible, because there are certain types of energetic 'debris' that occasionally need to be cleared from a client's energy field before he/she can benefit from a cord-cutting session. (Insert your name here) will let me know if this is the situation for me at the beginning of the session, and will explain what she recommends we work on instead. I will be given the choice to proceed with a different type of healing session, or have a refund of my session fee, if I don't wish to go ahead.
- I hereby acknowledge that I understand this Waiver and am signing it of my own free will. I further state I am 18 years of age or older.
- This waiver will be governed by the laws of New Zealand (or insert the name of your country here).

Signed: _____

Printed Name: _____

E-mail Address: _____

Phone Number: _____

Address: _____

Date: _____