

## **Informed Consent and RELEASE OF ALL LIABILITY**

In exchange of the fee paid by you, One Drop of Hopea at a Time and the practitioners are providing a service assisting you in mind, body, spirit integration through the use of modalities that may include, but not limited to: AO Scan, Reiki, Sound healing, guided meditations and imagery, chakra / Meridian balancing, Private Consultations in various Areas, Wellness Coaching, and Energy work. You, the client, hereby agree to assume all risks associated with any outcome resulting from your participation in programs or classes or private consultation with their practitioners of One Drop of Hopea at a Time. Side effects may include, but not limited to: emotional release, lightheadedness, mild fatigue, physical tingling, and change in body temperature.

All information and mental or physical activity or guidance and direction are provided during programs, classes, or private consultations to enhance the well-being of you, the participant. It is my responsibility, as a participant, to inform the practitioner if any discomfort should arise. It is my responsibility, as participant, to notify the practitioner ahead of treatment of any pre-existing medical conditions, injuries, or electrical medical devices.

By signing this Waiver and Release of liability you agree that neither One Drop of Hopea at a Time nor practitioners shall be responsible for any negative consequence of any kind which is claimed to result from:

- 1) your participation in any of these programs, activities or consultations; or
- 2) from the use of any information learned or obtained during these programs, AO Scan, Reiki, Sound healing, guided meditations and imagery, chakra / Meridian balancing, Private Consultations in Various Areas, Wellness Coaching, and Energy work provided during One Drop of Hopea at a Time programs, classes, or private consultations.

By signing this Waiver and Release you further agree not to assert any legal claims of any kind in any form against One Drop of Hopea at a Time and practitioners on any asserted negative consequence resulting from your participation in these programs, classes or private consultations.

By signing this Waiver and Release you acknowledge and agree that One Drop of Hopea at a Time, disclaim all liability for any injuries or negative consequences claimed by you to be the result of your participation in these programs, classes, or private consultations. By signing this Waiver and Release you grant permission to the rights of your testimonials and feedback without payment or any other consideration.

We believe there is a strong connection between mind, body, spirit and the overall well-being of an individual. Our hope is to ignite a journey of self-discovery and an expansion of consciousness that will contribute to life-long health and healing.

**Client's First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please select who will be participating**

Adult or Minor: Adult: \_\_\_\_\_ Minor \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Minor's Name** \_\_\_\_\_

**Minor's Legal parent / guardian AUTHORIZING service** \_\_\_\_\_

