

My Spirit Experience Consent Form

Name: _____ Date: _____

Address: _____ Phone: _____

Email: _____ Include in monthly event email? Yes No

Are you 18 years of age or older? Yes No (if no: signature of parent or guardian is needed for consent and parent/legal guardian must be present at the first and possible future sessions)

How did you hear about My Spirit Experience? _____

Have you visited an energy practitioner before? Yes No

If yes, what type(s) of services have you received? _____

What is the primary reason for your visit? _____

Please read:

I understand that a tarot/intuitive reading, remote reading, Shamanic Reiki session, home/business clearing, information received through a consultation or class, and all other services is for alternative purposes only. I am free to make my own choices, I am responsible for my own life path, and I am not held to any information I receive through session communications.

I understand that this practitioner does not diagnose illness, disease, mental disorder, etc and does not prescribe medical treatment or pharmaceuticals. I understand energy/intuitive work is not a substitute for medical examinations, diagnosis, or treatments and it is recommended I see a medical doctor for any physical, emotional, or mental ailment. I understand I am freely electing to receive energy work or other healing sessions and know it is my responsibility to continue prescribed medical treatments or medications that have been recommended or prescribed by a medical professional. It is my responsibility to seek a recommended course of treatment from a medical professional if needed.

Cancellation Policy: I agree to contact My Spirit Experience at least 24 hours prior to any scheduled appointment or class to either reschedule or cancel. If I fail to cancel/reschedule prior to the 24-hour window, or I fail to show for a scheduled appointment, I understand I still owe the full price for the cancelled session or class.

Signature: _____ **Date:** _____

(If applicable) **Parent/Legal Guardian Signature:** _____

Printed Name of Parent/Legal Guardian: _____ **Date:** _____

Privacy Notice: Information from sessions will not be shared with a third party. General information may be shared in teaching of classes with no reference to a specific client to ensure privacy. If a client is under 18, the information of the underage client may be shared with the parent/legal guardian and will not be shared with a third party without written consent of the parent/legal guardian.