

**Sacred Journeys with Priestess Airmid: *Liability Waiver***

Welcome to my practice! Before we proceed, I want to make sure that you have sufficient information to feel comfortable entering into a professional relationship with me. Please read and sign this form, and let me know if you have any questions or concerns.

I, \_\_\_\_\_, understand that by reading and signing this legally binding document I am agreeing to all of the following statements:

- I am 18 years of age or older, and mentally competent to enter into this waiver.
- I have voluntarily requested services provided by Priestess Airmid via Sacred Journeys with Priestess Airmid.
- I understand that any and all services provided by Priestess Airmid are not replacements or substitutes for medical, psychiatric, or other health-care treatment(s) or medication(s).
- I understand that I should contact licensed health-care provider(s) regarding any physical or psychiatric conditions I may have.
- I understand that the services offered by Priestess Airmid are not licensed by the State of California.
- I have informed Priestess Airmid of all my known physical and/or psychiatric conditions and medications, and will keep her notified of any updates or changes in this regard.
- I understand that while the services provided by Priestess Airmid are generally gentle and considered non-invasive, it is possible that physical and emotional after-effects may occur. I will inform Priestess Airmid of any physical or emotional distress during or after treatment.
- I understand that any session involving the use of physical touch on my fully clothed person will be done in a professional manner. If I am uncomfortable at any moment during such a session I will inform Priestess Airmid immediately. I understand that, where hands-on touch is appropriate for the healing process, it is non-sexual, gentle, and within my consent and boundaries.
- I understand that Priestess Airmid and I may discuss matters of a deeply personal nature and that I have the right to question, dismiss or disagree with statements made by Priestess Airmid if I am not comfortable with them or they do not resonate with me.
- I understand that all of my sessions, records, and transactions are confidential. However, I also understand that there are no legal protections for confidentiality that apply to this professional relationship.
- I understand that effective spiritual work requires a partnership between Priestess Airmid and the client. Achieving well-being is the responsibility of both the client and Priestess Airmid. I understand that my role in this partnership is to make a strong commitment to work to achieve the goal of health & well-being. I understand that I am personally responsible for my own health, recognizing that the degree to which Priestess Airmid's services heal depends upon my participation.
- Priestess Airmid has never acted as my psychologist, and I understand that once I have entered into a professional spiritual healing relationship with Priestess Airmid that she can never act as my psychologist.
- I understand that I am personally responsible for the fees in connection with the services Priestess Airmid provides me, and that full payment is required prior to a service being rendered.
- I understand that Priestess Airmid accepts the following forms of payment for her services: cash, credit cards, and debit cards that carry the Visa logo. She may also accept checks at her

discretion.

- I understand that a 24 hour advance notice for a canceled or missed appointment is required, and that 50% of the full session fee will be charged for sessions missed without such notification.
- I am responsible to promptly repay for any returned checks and to include pay an additional \$20.00 bank charge per returned check.
- I understand that Priestess Airmid will provide me with a receipt for services if requested.
- I understand that Priestess Airmid will give me 30 days notice of any increase in her fee(s).
- I understand that if I am late, the session will still end at the scheduled time and a full payment including the time missed will be charged for.
- I understand that if Priestess Airmid is late for a session she will extend the session if our schedules permit, or will rescheduled the session at my convenience.
- I understand that I can terminate treatment with Priestess Airmid at any time for any reason.
- Without limitation, I understand and agree on behalf of myself, my dependents, heirs, administrators, and/or legal representatives to irrevocably release Priestess Airmid from any and all claims of any direct, indirect, consequential, or incidental: malpractice, non-disclosure, lack of informed consent, illness, injuries, death, losses or damages, effects or outcomes of services provided, delays, inconveniences, or any act or omission, including, without limitation, any willful or negligent act or failure to act, or breach of contract.
- I certify that I seek the advice and treatment of Priestess Airmid solely in my personal capacity, and do not represent any governmental agency, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit.
- I execute and deliver this Informed Consent and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge of the representations contained herein and the rights relinquished, surrendered, released and discharged hereunder.
- I understand and confirm that by signing this Informed Consent and Liability Waiver I have given up future legal rights.
- My signature below indicates that I have carefully read and reviewed this Waiver of Liability in its entirety, and I fully understand all of its terms and conditions; I recognize and accept all risks and limitations involved in seeking services from Priestess Airmid.
- My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law, and I intend it to be a complete and unconditional release of all liability and claims.

Client Signature: \_\_\_\_\_

Client Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Date Read/Signed: \_\_\_\_\_