

All clients are required to agree to the following Release and Liability Waiver which is effective for all visits.

By signing below, I acknowledge and agree that:

- Reiki practitioner does not diagnose conditions, prescribe medications or provide medical treatments.
- The sole purpose of this session/s is for relaxation or stress reduction, plus also to balance, harmonize, release and heal on all four levels (physical, mental, emotional and spiritual).
- I understand that some bodily functions may temporarily energetically be affected as a result of shifting energy within my body and I agree that this is a natural occurrence.
- I assume sole responsibility for my own health and for the results of any sessions provided by Angelica Necula, Certified Reiki Practitioner that may affect my health in any way.
- Treatment/s will not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical physician and will continue to follow his/her instructions.
- I release the Reiki practitioner from all legal liability during my participation in Reiki treatment/s.
- All information received by me from the Reiki practitioner is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Please Print Name _____ Signature _____

Address _____

Date _____ Email _____

Ph # _____ Recommended by _____