



become•yoga

INFORMED CONSENT – REIKI

Name: _____ Cell #: _____ Home #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Occupation: _____

Please read the following statements carefully:

I _____ (print name) acknowledge that LaDawn Insull is a certified Energy Healer and is in private practice for the purpose of providing mental/emotional/physical and spiritual support using various Energetic Healing Techniques.

I also acknowledge that LaDawn Insull is not a medical doctor or mental health care professional, and accordingly cannot and will not provide me with medical advice or psychological advice. I will rely on my own medical practitioner or mental health professional for advice for medical or psychological advice. I will rely on LaDawn Insull only for the sharing of important skills and tools involved in increasing my mental/emotional/physical and spiritual awareness through the transfer of loving and compassionate knowledge and energy. I recognize that Energy Healing/Balancing are only two factors in the management of my health. I also recognize that ultimately it is up to me as to whether I choose to follow the sharing of information and skills provided by LaDawn Insull and that it may be advisable to consult with my medical or mental health professional prior to so doing.

I understand that LaDawn Insull cannot make guarantees as to the outcome of my treatment or a particular situation as each is different and I must also make a conscious effort to be open to change and growth, and the greater the willingness and desire the better the outcome may be. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefits of LaDawn Insull Spiritual Services.

In consideration of the services, information, and support I have received or will hereafter receive from LaDawn Insull, I hereby hold harmless LaDawn Insull from any or all liability in consequence of such services, information and support given, and release and waive all claim for damage howsoever incurred or to be incurred, as a result of such services, information and support. I have read this Release prior to signing and I understand its effect. I am aware that by signing this Release I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators and assigns may otherwise have had against Releases.

Signature of Participant: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

If participant is under 18 (must be at least 13 years of age):

As legal guardian of _____, I consent to the above listed terms and conditions.

Guardian Signature: _____ Date: _____