

# MEREDITH COOLEY | INTUITIVE DESIGN | INTUITIVE GUIDANCE

## Informed Consent Form

I fully understand that **MEREDITH COOLEY** is offering a variety of modalities including but not limited to: Intuitive guidance, energy healing, Reiki, attachment removals, spiritual mentorship, intuitive readings, mindfulness coaching, and more. None of the services provided here are a substitute for medical treatment, psychological diagnosis and treatment. **MEREDITH COOLEY** does not diagnose conditions, perform medical treatment, prescribe substances or interfere with any treatment from a licensed medical professional.

By reading this agreement, I acknowledge that I understand and agree to the following:

I am at least 18 years of age, mentally competent and requested the service of the practitioner.

I understand that all modalities, treatments and readings will not be used to replace conventional medical practices, diagnosis, treatment and psychological or professional counseling, therapy or treatment. I will inform my healthcare provider of any changes or concerns in my medical condition.

All information shared during our session is not considered confidential unless expressly stated. All information received by me is my complete responsibility. I am seeking services of my own free will to inspire my own transformation.

I understand that any information received during a session may invoke memories that might be difficult for me to receive. I also understand that energy work may temporarily affect certain body functions as a result of shifting energy within my body. I agree this is a natural occurrence. I consent to services provided.

I am responsible for all liability, for loss or injury incurred while in association with **MEREDITH COOLEY**, while I am receiving any and all services.

I understand I am also an intuitive being, and if I feel uncomfortable with a practitioner, I can simply change my mind, and cancel the session (in accordance with practitioners cancellation policy) and reschedule with another practitioner.

On behalf of myself, my heirs, guardians and legal representatives I hereby release, waive, discharge and relinquish any claims that may arise against practitioners and volunteers and **MEREDITH COOLEY** as a result of my voluntary participation in this session.

I am aware this is a waiver and a release of potential liability between myself and **MEREDITH COOLEY**. I have carefully read this agreement and fully understand this contract is binding and acknowledge I am participating in this service and agreement of my own free will. In the event that any of the above provisions shall be found unenforceable, this shall not make this waiver void, and that any other provisions shall remain in full force and effect, even if one of the provisions is found to be unenforceable.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST MEREDITH COOLEY FOR THEIR NEGLIGENCE OR THAT OF THEIR EMPLOYEES, AGENTS, OR CONTRACTORS. I have read and agree to the Consent to Treat and Waiver Release and Assumption of Risk clauses.

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_