**Session Information Form & Waiver**

***Distance Energy Healing/Reading Session***

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**Full Name:**

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**Birth Date:**

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**Gender Identity:**

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**Email Address:**

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**Phone Number:**

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**How Did You Find Us:**

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1. **How can I help you?**

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1. **Do you have questions you’d like me to ask Spirit during your session (up to**

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**Please Sign Waiver:**

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I consent to receive Shamanic Reiki healing from Sarah Norwood. I waive and release any and all claims for damages I may have against “Sarah Norwood” and/or “Shamanic Mountain Healing.” I agree to hold “Sarah Norwood” and “Shamanic Mountain Healing” harmless and indemnify it for any incidents(s) that arise from my use of Shamanic Reiki healing sessions. I understand that Shamanic Reiki distance healing sessions are performed as healing energy flows through Sarah (not from her) to the client. Sarah is not responsible for where the healing energy goes, what she will ‘see’ or ‘hear’ in her altered state, or how it will affect an individual person. There are varied results and every person should be aware that Reiki energy goes very deep and often unveils a diverse range of emotions including happiness, sadness, anger, pain, joy, etc. I understand that Sarah is not a medical doctor and does not diagnose or prescribe. Any written or verbal discussions are only informational, not prescriptions. If you have a condition that Sarah feels would be best treated by another health professional, she will refer you to a qualified practitioner. Any information exchanged during a distance Shamanic Reiki session is completely confidential. There are no refunds after the completion of your session.

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**I have read, understood and agree to the waiver     Yes \_\_\_  No\_\_\_**

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