

DANA CHILDS

INTUITIVE • ENERGY HEALER

Waiver, Release, and Assumption of Risk Form

Full Name: _____

Phone:(home)_____ (cell)_____

Email:_____

Would you like to receive my Intuitive Insights?_____

How did you learn of my services?_____

Date of Birth:_____

Today's Date:_____

Disclaimer

1. I am not a certified psychologist or guidance counselor.
2. I do not practice medicine.
3. I do not diagnose illnesses.
4. I do not prescribe or adjust medication.

This form is an important legal document. It explains the assumption of any and all risks in deciding to follow the advice or insight, or use of products, from intuitive consultant Dana Childs, who operates as an advising consultant through Dana Childs, LLC or a representative of that Corporation. It is critical that you read and understand it completely. After you have done so, please check the box that states "I have read and agree to the Waiver Release and Assumption of Risk."

Waiver, Informed Consent, and Covenant Not to Sue

I hereby acknowledge I have volunteered to participate in a paid or unpaid session, class, workshop, service or program with Dana Childs and/or an advisor available through Dana Childs, LLC to include, but also may not be limited to, any and all services provided, such as energy healing, intuitive coaching, guidance, classes, product offerings and workshop attendance. In consideration of the Dana Childs, LLC agreement to instruct, assist, advise, or train me, I do here and forever release and discharge and hereby hold harmless the Corporation and its respective agents, heirs, assigns, contractors, and employees from any and all

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claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in a session or purchase or any program WITHOUT LIMITATION, WHICH MAY OCCUR AS A RESULT OF following advice tendered and released or training rendered or use of facilities during a session or event.

I recognize that in no way does any member of Dana Childs, LLC provide legal, medical, or therapeutic advice and it is my responsibility to secure such advisement. I acknowledge and agree that I assume the risks associated with any and all activities, offerings, products, services, classes and/or programs in which I participate or purchase.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from any insight, guidance, product or program. I understand that results are individual and may vary.

I further acknowledge I am granted permission to audio record my sessions with Dana Childs for personal use only. I understand that I MAY NOT share my recordings privately or publically in any form, as to do so would violate the terms of this agreement, breach trust, and break a code of privacy. Any unauthorized use, sharing, broadcast or release, personally or publically, in any form, of a recorded session, is strictly prohibited and would be considered an illegal act and punishable by law.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT 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 DANA CHILDS, LLC FOR NEGLIGENCE OR THAT OF ITS EMPLOYEES, AGENTS, OR CONTRACTORS.

I have read the above and agree to the above terms for receiving services.

Signature: _____ Date: _____