

Intuitive/Healing Session and Workshop Agreement

PLEASE READ CAREFULLY

I _____, (hereinafter may be referred to as "Client"), the undersigned, do hereby certify that I am above the age of 18 years and competent to understand, enter into and execute this Agreement and abide by its terms and conditions. (Note: If Client is under the age of 18 years, a parent or legal guardian's signature is required below.)

Client understands and agrees that the services ("Sessions" and/or "Workshops") provided by Timitha Bryan (hereinafter referred to as "Healer") may include, but are not limited to cutting edge methods for the process of personal and professional wellness. Sessions may address specific concerns, business success and/or general conditions or situations in the Client's life. Sessions may also pertain to physical, energetic, and soul healing and/or clearing of energetic blocks and/or connections that need attention in the Client's mind, body and/or spirit. Sessions may include intuitive services based from the Akashic Records and other sources and/or modalities.

Client understands and agrees that Workshops and Sessions may include energy techniques, exercises, meditations and breathing techniques, as well as guided journeys and instructions on how to use the techniques. I understand and agree that I should and will not use the energy, healing or guided imagery and/or exercises from a Session or Workshop while operating a motor vehicle, heavy machinery, tools and/or power tools of any kind. I also understand and agree I should and will designate a specific time(s) to perform these practices and/or exercises by themselves without multi-tasking or engaging in any other actions such as tasks, chores, and/ or functions.

I request Healer provide services to me for purposes of healing on any level in an effort to reduce stress, enhance self-awareness, attain greater balance, inner peace, and/or peace of mind. For these purposes, I am willing to relax, release, receive and/or be guided through various meditation, stress reduction or healing techniques, relaxation exercises, visual imagery and/or other healing processes deemed necessary by Healer and agreed to by Client.

I understand my healing is primarily between myself and my Creator and that Healer is only a facilitator and may be able to provide only a pathway of support to achieve such healing. I understand that Healer is merely offering his or her services as a Private and Group Intuitive Consultant and Coach, Instructor, Teacher and/or Healer and thus, understand the instructions, services and/or techniques I may receive from Healer, are never a substitute for traditional medical and/or mental health care, including but not limited to diagnosis and/or treatment of any medical condition. I, the Client, further understand that while techniques of Healer may have helped thousands of people, there is no guarantee they work for everyone, including me. I understand I should not cease following the instructions of my qualified healthcare providers because of the techniques taught or offered to me by Healer. If I have questions about my healthcare or medical care or treatment, I understand I am to seek advice from a qualified medical expert.

Client understands that any activity in which a person might participate involves some risk. In consideration for being permitted to participate in the instructional and all other services of Healer, including but not limited to intuitive coaching and energy healing sessions, I hereby forever release and hold harmless Healer and any and all affiliated sponsors, coordinators, corporations, agents, officers, employees, directors and successors of Healer, from any claims arising out of my participation in the Workshops or Sessions, healing and/or other services offered by Healer and/or his or her affiliates or agents and the use of facilities and equipment Healer and his or her affiliates or agents provide.

I understand and agree that information and/or services provided by Healer is for entertainment purposes only and that ***I am responsible for my own actions***, taken or not taken as a result of any services or information provided by Healer and any of his or her affiliates or agents. I also understand Healer is not legally responsible for any actions, conduct and/or information provided by any other Healer or course of action I take or do not take as a result of the conduct or instruction of others.

Healer makes no representations or warranties of any kind, express or implied, as to any service offered or provided by Healer and Healer will not be liable for any damages arising from any services provided by Healer. Healer is not responsible or liable for any action or decision that Client may take following/receiving and/or participating in a Workshop or Session, or any other service provided by Healer. Healer denies any liability caused by Client, any miscommunications, misunderstandings, between Healer, Client and/or any third-parties in any way whether it be by incorrectly conveying, or misusing techniques taught or offered by Healer.

I understand and agree that I am responsible for my health and well-being, including all of my choices and decisions.

By signing below, I agree that I have read and understand all the contents in this Agreement and Disclaimer and agree to its terms and conditions.

Dated this _____ day of _____, 20 _____.

Printed Name of Client

Signature of Client

FOR PERSONS UNDER THE AGE OF 18

I, _____, as the [check one] **Mother** **Father** **Parent** **Legal Guardian**, of _____ (name of participant) have read the above Agreement and Disclaimer. By my signature below, I hereby agree to its terms and conditions and understand those terms and conditions apply to the participant, me, our heirs, executors and administrators.

Dated this _____ day of _____, 20 _____.

Printed Name of Parent/Guardian

Signature of Parent/Guardian