I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request and authorize Carolyn Soares to

(Print name)

perform a therapeutic massage, engage in energy healing, sound healing, spiritual coaching and/or any additional offerings on/with myself. I represent that I am more than 18 years of age and have the authority to make that decision.

I further acknowledge that this body/soul work is non-diagnostic and therapeutic in nature and is not to be used for any medical purposes.

I represent that I am receiving medical care from a licensed physician for preexisting condition.

I understand that Carolyn Soares shall not be responsible for diagnosing the medical conditions of myself.

I agree to hereby release Carolyn Soares, Integrative Healing Arts, its officers, directors, agents and employees from any liability or causes of action which may rise from or in any way relate to this therapeutic massage, energetic healing, sound healing, spiritual coaching and any other offering outlined, either directly or implied.

I understand the risks involved in massage and the risks and have been explained to me. I understand that certain detrimental effects may or may not be identified in the future and I hereby release Carolyn Soares, Integrative Healing Arts, its officers, directors, agents and employees from any claims, demands, liabilities, suits or causes of action which may arise from my massage, energetic healing, sound healing, spiritual counseling, and any other offering outlined either directly or implied.

I have read and fully understand all terms and conditions of this release and waiver and will therefore sign my name to this document.

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Client’s Signature and Date of Birth Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date: