Reiki Waiver Release

 I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that treatments administered are only for the purpose to help me relax and to relieve stress.

 Reiki Practitioners do not diagnose conditions nor do they prescribe substances or medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or health care professional for any physical or psychological ailment I may have.

I also understand and believe that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial.

 Long term imbalances in the body can often require multiple Reiki treatments to allow the body to reach a level of relaxation necessary to bring the body back into balance.

 I understand and believe that self- improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

This waiver applies to any and all future Reiki sessions with Renée Bogard, Certified Reiki Master.

 *Privacy Notice: No information about any client, will be disclosed to any third party, without written consent of the client, or parent or Guardian if the client is under the age of 18.*

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_