Mind-Body-Spirit Connections, LLC

Client Information Sheet

Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email (optional) _____

Occupation _____

Name of Emergency Contact _____

Phone _____ Relationship _____

How did you hear about us? _____

What do you hope to accomplish with this session?

☐ Relaxation ☐ Stress Reduction ☐ Pain Reduction ☐ Other (please explain)

_____

_____

_____

List any specific areas that you would like us to concentrate on during your session.

_____

_____

_____

Continued on other side of form. Please sign on other side.

Informed Consent

By signing below, I hereby voluntarily request and consent to receive services from Mind-Body-Spirit Connections, LLC, and/or its employees. I understand these services are meant to be an aid to balancing my energy and to possibly improving my general wellness. I further understand and acknowledge that no guarantees have been made to me as to the effect of such services.

I understand that these services are not a substitute for medical treatment or medications. I am aware that Mind-Body-Spirit Connections, LLC, and its employees are not licensed medical professionals and do not diagnose illness or disease, prescribe medication, nor perform medical treatment.

Waiver of Liability

I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release and waive my right to sue Mind-Body-Spirit Connections, LLC, its directors, officers, employees, volunteers, independent contractors, and agents from liability. This agreement applies to (1) personal injury (including death) from accidents or illnesses arising from the participation in Mind-Body-Spirit Connections, LLC, activities, including, but not limited to, all services, organized activities, and classes; and to (2) any and all claims resulting from the damage to, loss of, or theft of property.

By signing below, I agree that I have read this waiver of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of South Carolina.

Policies

By signing below, I agree that I have been provided with a copy of the document entitled "Mind-Body-Spirit Connections, LLC, Policies" and fully understand and will abide by its terms. These include policies regarding appointments, fees, and recourse if I am not satisfied with the services provided by Mind-Body-Spirit Connections, LLC, and/or its employees.

_____ _____

Signature Date