

Walking Soul Wisdom

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Confidential Liability Waiver & Informed Consent Form For Session

Name _____

Address _____

Phone _____ Email _____

Emergency contact name _____

Phone _____

Have you received an Energy Healing / Integrated Somatic Work and or RoXiva Rx1 / SeQex Therapy sessions before ? _____

Please list medicines, drugs or supplements you are currently taking.

Please list any allergies or sensitivities to external smells, smokes and or herbs.

I confirm & initial that I do not currently suffer from any emotional or medical condition that might make it inadvisable for me to attend this session. That I have not been diagnosed with any disorder, condition or injury, either physical or mental, that will put me at risk. That I have or will speak to the Practitioner **before** the session if I am currently on any psycho therapeutic medications. _____(initial)

I confirm & initial (Including use of SeQex and or RoXiva rX1 Deives) that I do not have any electrical prostheses, i.e. implantable or not implantable active medical devices (e.g. pacemakers, defibrillators, brain stimulation DBS systems, muscle stimulators, drug delivery devices such as pumps of infusion. _____(initial)
In addition, that I am not pregnant, epileptic or have heart disease _____(initial)

Client Confidentiality and Liability Waiver Agreement

I understand that all modalities, including Traditional Medicine Techniques, IFS, EMDR, SOMATIC PRACTICES, along with the SeQex and RoXiva rX1 Devices, offered by Wanda Garstad Buchleitner and Walking Soul Wisdom are not replacements for medical care. The Practitioner does not a licensed therapist and does not diagnose or treat mental or medical illness, disease or other physical or mental conditions. As such, the practitioner does not prescribe medications. Any mention of herbs and nutrition are for educational purposes only. It is the client's (my) responsibility to research herbs and supplements and check with their primary health care provider before searching them out and or taking them or using the SeQex/RoXiva rX1 devises. It is the client's (my) responsibility to consult the appropriate licensed health care professionals for treatment of any mental or physical disease, symptoms or concerns that I may have. I agree to take responsibility for my own health and my own response to all the healing modalities provided and I agree not to hold the practitioner responsible for any unwanted results in my life or health after receiving a session. I also understand the body has the ability to heal itself, and to do so, a commitment is required. Long-term imbalances in the body require multiple sessions to allow the body to reach the level of relaxation and healthy state necessary to bring the system back into balance. I recognize that all Sessions and or Programs must be followed to be truly effective.

By signing this document below, I willingly agree to hold harmless and release from all liability the practitioner Wanda Garstad Buchleitner in this session, also including Walking Soul Wisdom and the location facility owners, partners and or assistants where the session is being offered.

Client Signature: _____

Date: _____

Client Print Name: _____

Privacy Policy: We respect your privacy and know that the privacy and security of your personal information is important to you and to us, so we follow all federal confidentiality and privacy standards that are designed to protect your personal information. We will not provide any personal information to any other persons, companies or services. All sessions and discussions are completely confidential.