



Shannon Carson

Clear Yourself, Free Yourself

Healing Session Waiver and Release

energy healing for people, pets and spaces
intuitive empathic healing / training & certification / wellness workshops / programs
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Harmony, Health & Healing through the Golden Ratio

PLEASE READ THIS DOCUMENT COMPLETELY BEFORE SIGNING.

Thank you for your interest in a Shannon Carson Wellness Session, which can be facilitated in-person or by "Distance" (over the phone or online participation). A "Session" consists of her Energy Therapies including but not limited to, Intuitive Empathic Healing, Reiki, Pet Healing, Space Clearing, and Neuro Linguistic Programming (NLP).

The undersigned client ("Client"), in order to obtain and receive/attend a Session ("Participation"), and induce Shannon Carson ("Facilitator") to perform Energy Healing Modalities, or ("Session"), understands, agrees and acknowledges as follows:

The energy healing and spiritual work of Shannon Carson is not a physical or medical treatment and Participation should not be viewed as a substitute for prescribed medication or proper medical, psychological or physical care provided by the undersigned's physician or medical professional.

Client will follow all instructions given to the Client by licensed medical practitioners and has not been instructed by the Facilitator to ignore such instructions or discontinue any medication or treatment prescribed to Client by any medical practitioner.

No results from Session have been promised or guaranteed by the Facilitator, and Shannon Carson and Shannon Carson Wellness make no claim as to any medical, physiological, or psychological purpose, effect or outcome in connection with Participation. Client understands that any Session performed by the Facilitator may or may not be effective for the Client and lack of results is not an indication of any wrongdoing by the Facilitator.

The undersigned's Participation is of his/her own volition and the undersigned warrants and represents to Shannon Carson Wellness that he/she does not have any mental, physical, or emotional conditions which would hinder Participation and/or cause harm to the undersigned or anyone else in attendance at the Session.

Client is under no duress, coercion or pressure to submit to participation in the Session. The undersigned may withdraw from Participation at any time by stating they would like to leave the Session.

Participation in Session may involve physical, emotional, and/or psychological activity, including, but not limited to, physical touching of the undersigned's body by Shannon Carson, all of which the undersigned hereby consents to in this acknowledgement and release.

Client will indemnify and hold Shannon Carson ("Facilitator"), any affiliate thereof, Shannon Carson Wellness and their family free from any liability claimed by Client or others on the Client's behalf.

Client shall not hold Facilitator liable for any injury to Client during the Session, except if caused by the gross negligence or willful misconduct of the Facilitator and shall not hold Shannon Carson Wellness, any affiliate thereof and their agents, or Shannon Carson liable for any injury to Client during the healing session.

This waiver shall be governed by, and shall be construed in accordance with, the laws of the State of New York without giving effect to the conflict of laws principles thereof. Any lawsuit, action or proceeding arising out of or relating to this waiver may be instituted in any federal or state court in the city of New York, county of New York and Client waives any objections which he or she may now or hereafter have thereto, and hereby irrevocably submits to the jurisdiction of any such court in any suit, action or proceeding.

The activities at the Session may not be appropriate for everyone and could be harmful to the undersigned depending upon his/her past history of health problems. Furthermore, the undersigned has discussed the activities related to energy healing and awakening energies and their appropriateness for him/her with his/her own health care professional. The undersigned agrees to accept and assume any and all risks to his/her health and well being, including any risk of bodily injury or harm, that may arise from Participation whether such risks have been disclosed or not, and does hereby fully release and forever discharge Shannon Carson Wellness, its owners, successors, affiliates, assigns, directors, officers, employees and agents from any and all actions, causes of action, suits, liabilities, losses, damages, claims or expenses whatsoever, in law or in equity, for negligence, battery or otherwise, which the undersigned now has or may hereafter have arising in any way out of the undersigned's Participation. The undersigned states that he/she has read this acknowledgement and release, that he/she understands the terms contained in it and that he/she has freely and voluntarily executed the same and intends to be bound by its terms.

Electronically delivered copies of this executed waiver or signature page to this waiver shall be as effective as an original thereof.

CANCELLATION POLICY:

In order to provide the best service to all, and respect one another's time, please note that **at least 24 hours minimum notice** is requested for an appointment **cancellation**. Please understand these times are booked in advance - held exclusively for you - and a **\$25 fee is incurred if a minimum of 24 hours is not given**. If the undersigned cancels their Session he/she will be refunded completely as long as this has been done via email 24 hours before their scheduled session. Shannon understands occasional circumstances or emergencies arise and will provide mutual cooperation the best she can.

If Shannon cancels a Session

Shannon and Shannon Carson Wellness reserves the right to cancel any Session at any time. In the unlikely event a Session must be cancelled, all money will be refunded, and the undersigned will be contacted to reschedule the session or given back a full refund of the session according to what the undersigned chooses. You may also opt to transfer funds into another workshop or service(s) taking place in the same one-year time period as the canceled session, subject to availability. Please allow 2 business days for Shannon Carson Wellness to process any refunds or credit changes.

Acknowledged:

Print Name

Electronic Signature

Date

Parent Name
(If participant is less than 18 years of age)

Electronic Signature

Date