

## Service Liability Waiver

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Do you want to be added to the Crystalline Wellness email list?    Yes    No

Have you ever had a Reiki or energy healing session before?    Yes    No

If yes, when was your last Reiki or energy healing session and what was the primary focus?

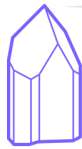
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\_\_\_\_\_  
\_\_\_\_\_

Do you currently have any physical, emotional or spiritual areas of concern? Do you have any specific areas of your life that you would like insight?

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

Do you have any physical limitations that could be aggravated by exercise (i.e. pregnancy, high blood pressure, back, neck, shoulder or knee problems)? If so, please explain:

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



Do you have any conditions that could be negatively impacted by intense vibrations and/or sound healing? (i.e. heart conditions/pacemakers, severe hearing impairments, recent head injuries, extreme sensitivities to sound, metal plates or implants, pregnancy in the first or third trimesters, mental health conditions, etc.) If so, please explain:

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Do you have any conditions that could be negatively impacted by extreme heat conditions? (i.e. pregnancy, cardiovascular conditions, bleeding disorders, heat sensitivities or lack of sweat, fever or active infections, etc.) If so, please explain below. A separate waiver will need to be reviewed and signed for infrared sauna usage.

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Do you prefer a hands-on approach (physical adjustments made by the instructor) or a hands-off approach (verbal cues only) if the instructor notices that an adjustment needs to be made to keep your body properly aligned? (if applicable)

Hands-On    Hands-Off    Either OK

Do you agree to the use of essential oils? (if applicable)    Yes    No

Yes, but please avoid: \_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Anything else you would like me to know? \_\_\_\_\_

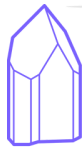
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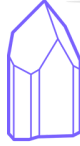
### The Fine Print..i.e. the legal stuff!

No matter which service(s) you are opting for, it is important that you understand any and all risks. While these sessions offer an opportunity to bring plenty of positive changes into your life, it is still your responsibility to ensure you are doing it in a safe and effective manner. Please be as honest as you can with any physical, emotional or mental limitations you may have upfront, and assume responsibility for providing any updates to your health and well-being as they arise.

You understand that Karen Paisley and/or Crystalline Wellness is not a licensed health professional and will not diagnose, prescribe substances, perform medical treatment, or interfere with the treatment of a qualified physician or other licensed medical professionals. The services offered are considered complementary to traditional Western medical practices. Some of these services are not recommended and are not safe under certain medical conditions. By submitting this waiver, you affirm that a licensed physician has verified your good health, emotional well-being, and physical condition to participate in such programs. In addition, you again agree to make the service provider aware of any medical and/or emotional conditions or physical limitations before each session that you participate in, as you are solely responsible for informing them of any changes that may differ from what you are submitting today.

As is the case with many activities, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If you do experience any pain or discomfort during a session, you will listen to your body, discontinue the activity/session and ask the provider for support. You will continue to breathe smoothly and pay attention to your heart rate and other physical and/or emotional cues you may experience and determine the best course of action for yourself. You assume full responsibility for any and all damages which may incur through the participation of any Crystalline Wellness activities, either virtually or in-person.

If you are pregnant, trying to become pregnant or are post-natal or post-surgical, your submission verifies that you have your physician's approval to participate. You also affirm that you alone are responsible to decide whether a service is appropriate for you and participation is at your own risk.



You have read and fully understand and agree to the above terms of this Service Liability Waiver Agreement. You hereby agree to irrevocably release and waive any claims that you have now or may have hereafter against Karen Paisley and/or Crystalline Wellness as well as the physical or virtual locations where Karen Paisley offers her services. You are signing this agreement voluntarily and recognize your complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Print name: \_\_\_\_\_

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

Contact Information

Phone: 610.392.7049

Email: [crystallinewellnessyoga@gmail.com](mailto:crystallinewellnessyoga@gmail.com)

Web: [crystallinewellness.com](http://crystallinewellness.com)