HEALTH, HOME AND HARMONY
EXPERIENCE YOUR BEING... EXPERIENCE BEING YOU

RELEASE OF LIABILITY AND CONSENT FORM

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

- In exchange for participation in the activity of Inner Space Techniques, Vision Healing or Meditation classes, Space Clearing, Homeopathy, Grief recovery, workshops or therapy organized and/or conducted by Sheila Marie R. Gomez and/or use of the property, facilities and services used by Sheila Marie R. Gomez, I agree for myself, to the following:

- I agree to observe and obey all posted rules and warnings, and further agree to follow any verbal instructions or directions given by Sheila during sessions, workshops or classes.

- I understand that my practitioner is not a doctor or licensed psychotherapist and any therapies; conversations or sessions used to support my wellness do not infer nor intend to diagnose, treat or cure physical or mental disorders.

- I recognize that there are certain risks associated with the above-described activities and I assume full responsibility for personal injury to myself and further release and discharge Sheila for injury, loss or damage arising out of my use of or presence upon the facilities of Sheila, whether caused by the fault of myself, Sheila or other third parties.

- I know that I am responsible for my own health and actions and only I can heal myself. IST, Vision Healing, Meditation, Homeopathy, Grief Recovery, and my practitioner and her services are only tools I employ to help me. I undertake services, suggestions and directions with this in mind.

- I understand that the work that I am undertaking can be cathartic and unsettling to my everyday life. I recognize that Sheila will be touching my body at times to facilitate this work.

- I agree to cancel and/or reschedule my sessions at least 48 hours in advance of my scheduled appointments by leaving a text message or voicemail at (626) 488 8805, and if I fail to do so or do not show up for a session I will be charged the full session fee.

- I agree to indemnify and defend Sheila against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my use of or presence upon the facilities Sheila uses.

- I agree to pay for all damages to the facilities of Sheila or her associates caused by my negligent, reckless, or willful actions.

- Any legal or equitable claim that may arise from participation in the above shall be resolved under California law. Sheila Marie R. Gomez is also referred to as Sheila and Practitioner within this document, all relate to the same person and all outlined conditions and obligations apply.

- **I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Client : _____ _____
Signature over Printed Name Date

In case of an emergency, please call (Mr./Ms.)_____
at Mobile No: _____

Witness : _____ _____
Signature over Printed Name Date