

Crystals and Elements Healing Session Release Form

Please note that all information (written or obtained during your session) is confidential.

Date: _____ Name: _____

Date of Birth: _____ Email _____

Preferred phone: _____

Address: _____

Emergency Contact Person: _____

What would you like to work on in the crystals and elements healing session:

Release Statement:

I, _____, hereby request the service of crystals and elements clearing and balancing session for the purpose of assisting me to access my own inner resources of healing energy so that I may learn to heal myself. I understand that while certain suggestions may be made that will assist me, this is in no way diagnosing or prescribing on my behalf. I hereby release Brana Mijatovic from any and all liabilities or claims of any nature that may result from this and any other crystal chakra balancing sessions or from my failure to pursue medical attention or remedies for any physical ailments I may have and I acknowledge that I have not been advised against pursuing such attention. My estate, heirs, administrator and executors are bound by this release also.

Signature

Date