

# Muse Wellness Company

Live brilliantly from head to soul!

## Reiki Professional Consent Form

By signing this form, I am hereby voluntarily requesting and consenting to receive Reiki services from Muse Wellness Company. I understand and acknowledge that no guarantees have been made to me regarding the effects of these services. I further acknowledge and understand that in no way are these services meant to be considered a diagnosis of or treatment of disease. Rather, its intended function is to aid in balancing my energy, enhance relaxation, aid in stress reduction, and possibly help to improve my overall wellness.

It is my understanding that prior to my first session I will receive an oral explanation and description of a typical Reiki session. I understand that I may refuse any and all services at any time during the session. If I experience any discomfort during the session, I will immediately communicate that to my Reiki practitioner so that the treatment can be adjusted.

I understand that Reiki is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my doctor(s)/medical provider(s) for any condition I may have. I agree that if I am sick, I will consult my doctor for medical treatment and advice. I am aware that my Reiki practitioner does not practice medicine, diagnose disease or medical conditions, nor prescribe medication.

My signature is evidence I have read, fully understand, and agree to the terms of this consent. I also understand that by signing this consent I accept all responsibility for its content. I hereby release Muse Wellness Company and its affiliates from any and all responsibility for adverse reactions associated with the services rendered to me.

Client Name (printed) \_\_\_\_\_

Client Signature (or parent/guardian if client is under 18 years old)

\_\_\_\_\_

Date \_\_\_\_\_

Witness/Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_