**Client information of (the person giving the session)**

**(surname, firstname, full address, telephone number)**

Client: Please write down surname, first name and address here:

My session does not replace a medical or therapeutic treatment. I don’t give any diagnosis and I don’t provide any statements about healing.

The advice given in one of my sessions isn’t a forecast about your future. You are 100 percent self-responsible for the interpretation of the information that you got in a session as well as for the actions you conclude from them.

If you have a psychic illness or you presumably have a psychic illness, please consult a/your doctor or a/your therapist.

Client declaration:

I am physically and psychologically ready to attend a seminar or single session. I act self-responsibly. If my condition changes, I give notice immediately.

Signing this, I have understood the whole content of the explanation, approve and accept this for all current and coming appointments/seminars.

lace, date: signature:

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