

Client Intuitive/Healing Session and Workshop Agreement from Bill Foss

The services provided to the client include cutting edge methods for the process of personal and professional wellness. Sessions can address specific concerns, business success, or general conditions in the client's life. Session may also pertain to physical, energetic, and soul healing and/or clearing of any energetic blocks and/or connections that need attention in your mind, body & spirit. Sessions will include intuitive services based from the Akashic Records and other sources and modalities.

Workshops and some sessions will include energy techniques, exercises, meditations and breathing techniques as well as guided journeys and instructions on how to use the techniques. I understand that I should never use the energy, healing or guided imagery and/or exercises from a session of workshop while operating a motor vehicle, heavy machinery, tools or power tools of any kind. I understand that I should designate time to do these practices and exercises by their self without multi-tasking or engaging in other actions, tasks, chores or functions.

I, _____, request that Bill Foss provide services to me for the purpose of healing on any or all levels, reducing stress, enhancing self awareness and attaining greater balance, inner peace, and peace of mind. I am willing to relax, release, receive and be guided through various meditation, stress reduction or healing techniques, relaxation exercises, visual imagery and healing processes, for these purposes.

I understand that my healing is between myself and Creator God and that Bill Foss is a facilitator and is providing a pathway of support and the possibility for this to occur. I understand that Bill Foss is offering his services as a Private and Group Intuitive Consultant and Coach, Instructor, Teacher and Healer and thus understand that the instruction, services and techniques that I am or may be receiving from Bill Foss are not a substitute for regular medical and mental health care, including diagnosis and treatment of medical conditions. I understand that while these techniques have helped thousands of people. There is no guarantee they will work for everyone. I understand that I should not stop doing what my healthcare providers have recommended because of these techniques. Bill Foss denies any liability caused by client or third party miscommunication and/or client or third parties in any way incorrectly conveying, or misusing these techniques.

While I understand that most of Bill Foss's clients experience relief from physical and mental allergy-like reactions after reducing their stress or sickness, I understand that if this seems to be true in my case, I agree to have a physician perform an allergy test to determine whether it is medically safe for me to be exposed to my known allergens.

I understand that any activity in which a person might participate involves some risk. In consideration for being permitted to participate in the instructional and all other services including intuitive coaching and energy healing sessions offered through Bill Foss, I release and hold Bill Foss and any and all affiliated sponsors, coordinators, corporations, its agents, officers, employees, directors and successors harmless from any claims arising out of my participation in the instructional, healing or other services offered by Bill Foss and affiliates and the use of facilities and equipment Bill Foss and affiliates provides. As a client, I understand and agree that I am responsible for my health and well-being, including all of my choices and decisions. By signing below, I agree that I have read and understand all the contents in this form and waiver and agree to its conditions.

Date _____ Printed Name _____

Signature _____

If client is under the age of 18, a parent's or legal guardian's signature is required.

I have read the above form and waiver and as the (father, mother or guardian) of (name of participant) _____, I agree to its conditions which I understand to apply to the participant, myself, our heirs, executors and administrators.

Date _____ PrintedName _____ Signature _____