

Liability Waiver & Release Form

Illuminated Wellness, Ltd. Private Membership Association

I, _____, understand that products and services offered by **Illuminated Wellness, Ltd.** support the body, mind, and soul's natural ability to create wellness in my life. I understand that **Illuminated Wellness, Ltd.** practitioners do not diagnose, nor do they prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. I understand that energy healing or any service provided by **Illuminated Wellness, Ltd.** does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physiological or psychological ailment I may have. I understand that energy healing provided by **Illuminated Wellness, Ltd.** can complement any medical or psychological care I may be receiving. I also understand that relaxation is often beneficial. I acknowledge that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. **Illuminated Wellness, Ltd.** is not liable for any medical, mental, or emotional conditions before, during, or following any service provided by **Illuminated Wellness, Ltd.**

I take personal responsibility for my well-being and with respect to myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby forever release, waive, and discharge any claims against **Illuminated Wellness, Ltd.**, and/or any of their associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with **Illuminated Wellness, Ltd.** and/or any of their associates or affiliates.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Signature: _____

Date: _____ (Month, Day, Year)

Printed Name: _____

Address:
