



Acknowledgment, Waiver of Liability & Cancellation Policy

Purpose of Document:

1. Acknowledges personal responsibility for health and wellness and any outcome of treatment or energy work.
2. Waives Intuitive Being and its representatives from liability for treatment or energy work.
3. Explains personal responsibilities in the event of session cancellation

I, _____, hereby certify and agree as follows:

I accept full responsibility for my health and voluntarily complete this Acknowledgment and Waiver of Liability.

I certify that I am seeking the consultation and healing services of Dan Larsen and/or Mandy Zabohne and Intuitive Being for alternative healing suggestions and sessions, which I fully understand are not psychological diagnoses or treatments or substitutes for psychological diagnoses or treatments.

I certify that with respect to any psychological conditions or concerns I may have, I have been advised to consult with my personal care physician, and understand that Dan Larsen and Mandy Zabohne are not psychotherapists, and I do not view them as my psychotherapists. Their practice specializes in a holistic and integrative approach to healing, including, but not limited to: dialogue, kinesiology, guided meditation, Cranio Sacral Therapy and energy work. I understand that neither Dan Larsen nor Mandy Zabohne or any representative of Intuitive Being handle medical or psychological emergencies. I also understand that Dan Larsen and Mandy Zabohne are not practicing as family therapists or psychotherapists.

In seeking to become a client of Dan Larsen or Mandy Zabohne, and therefore Intuitive Being, I understand I am seeking interpretations and/or advice that may not be offered by practicing psychotherapists or family therapists, and which may be considered alternative.

These include, but are not limited to, meditation, breathing techniques, energetic healing work, conflict resolution skills training, and energy balancing techniques.

I understand and agree that neither Dan Larsen, Mandy Zabohne nor Intuitive Being make any claims whatsoever, expressed or implied, regarding effects or outcomes of the analyses or treatments provided, and shall not be liable for same. I certify that I seek the advice and treatment of Dan Larsen and/or Mandy Zabohne and Intuitive Being solely in my personal capacity, and do not represent any governmental agency, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit.

Initials _____

1714 4th Ave E, Olympia WA
www.IntuitiveBeing.org

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I understand and agree on behalf of myself, my dependents, heirs, administrators, legal representatives, and assigns, to release and hold harmless Dan Larsen or Mandy Zabohne, Intuitive Being, and any and all associates, employees, agents and representatives thereof, from any and all liability for illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my consultation with and/or treatment by Dan Larsen and/or Mandy Zabohne and/or Intuitive Being. Without limitation, I understand and agree that neither Dan Larsen or Mandy Zabohne, or Intuitive Being, nor any associates, employees, agents or representatives thereof, is liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, delay, or inconvenience of any kind which may be occasioned by reason of any act or omission, including, without limitation, any willful or negligent act or failure to act, or breach of contract.

My signature below indicates that I have carefully read and reviewed this Acknowledgment and Waiver of Liability, and I fully understand all of its terms and conditions; I recognize and accept all risks and limitations involved in seeking advice, coaching, consulting, energy work, or mentoring from Dan Larsen and/or Mandy Zabohne and/or Intuitive Being and its associates, employees, agents and representatives thereof; I have not relied upon any other promises, agreements or representations by Dan Larsen or Mandy Zabohne, Intuitive Being, or any associates, employees, agents or representatives thereof concerning the treatment provided or the terms of this Acknowledgment and Waiver of Liability; I have been encouraged by Dan Larsen or Mandy Zabohne and Intuitive Being to seek the advice of legal counsel concerning this Acknowledgment and Waiver of Liability; and I execute and deliver this Acknowledgment and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge of the representations contained herein and the rights relinquished, surrendered, released and discharged hereunder.

My signature below also indicates that I am agreeing to the cancellation policy of Dan Larsen, Mandy Zabohne and Intuitive Being, that requires a 24-hour cancellation notice or I will be responsible for the full payment of the session.

UNDERSTOOD, ACCEPTED AND AGREED

CLIENT'S NAME

DATED

SIGNATURE

If applicable, parent or guardian's understanding, acceptance and agreement:

PARENT OR GUARDIAN'S NAME

DATED

SIGNATURE

Initials _____