

Sue Crites Holistic Healing & Qigong Informed Consent/Hold Harmless Agreement for Healing Sessions, Classes & Events

Qi Gong Informed Consent and Waiver

I acknowledge that Sue Crites is a Qigong Practitioner and is in private practice for the purpose of providing mental/emotional/physical and spiritual support using Qigong Healing.

I understand that Qigong Healing is a complimentary healing modality that in no way substitutes for medical interventions, body therapy, or psychotherapy. I also understand that the Healing Practitioner may make suggestions for self-care as well as appropriate referrals.

I acknowledge that an open communication is promoted between me and my Healing Practitioner to enhance a mutual understanding and acceptance of the energy work provided during the treatment setting.

I also acknowledge that Sue Crites is not a medical doctor or mental health care professional, and accordingly cannot and will not provide me with medical advice or psychological advice. I will rely on my own medical practitioner or mental health professional for advice for medical or psychological advice. I will rely on Sue Crites only for the sharing of important skills and tools involved in increasing my mental/emotional/physical and spiritual awareness through the transfer of loving and compassionate energy.

I recognize that Qigong is only one factor in the management of my wellbeing. I also recognize that ultimately it is up to me as to whether I choose to follow the sharing of information and skills provided by Sue Crites and that it may be advisable to consult with my medical or mental health professional prior to so doing.

In consideration of the services, information, and support I have received or will hereafter receive from Sue Crites, I hereby hold harmless Sue Crites from any or all liability in consequence of such services, information and

support given, and release and waive all claim for damage howsoever incurred or to be incurred, as a result of such services, information and support. This Release shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

I agree to pay my account in full prior to my visit unless other arrangements have been made with Sue Crites prior to my visit. As well, I have read and understand my payment is non-refundable if I don't cancel within 24 hours of my appointment. I also understand that if I miss an appointment, my fee is non-refundable and that the missed appointment will be considered a completed appointment.

I also understand that all the information given to Sue Crites is guarded in strict confidence at all times. I also acknowledge that for the purposes of teaching other healthcare practitioners, broad information about my case may be reviewed, with absolutely no identifying information disclosed at any time.

I have read this Consent Form prior to signing and I understand its effect. I am aware that by signing this Consent Form I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators and assigns may otherwise have had against Sue Crites Holistic Healing and Qigong. This agreement is being signed voluntarily and not under duress of any kind.

Qigong Classes and Practice Sessions and Practice Sessions Informed Consent and Liability Waiver

I am participating in classes or services during which I will receive information and instruction about Qigong movements and meditation. I represent and warrant that I have no physical or mental health condition that would prevent my safe participation in Qigong classes and practice sessions.

In consideration of being permitted to participate in the Qigong classes and practice sessions, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I might incur as a result of participating in the program.

In further consideration of being permitted to participate in the Qigong classes and practice sessions, I knowingly, voluntarily, and expressly waive any claim I may have against representative of Sue Crites Holistic Healing and Qigong, the class instructor, the owner, or the leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held with Sue Crites Holistic Healing and Qigong.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I am aware that by signing this liability waiver I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators and assigns may otherwise have had against Sue Crites Holistic Healing and Qigong. This agreement is being signed voluntarily and not under duress of any kind.