

Client info / waiver

Name _____ Birthdate _____

Address _____

Home Phone _____ Cell# _____

E-mail _____

Emergency Contact (Please include phone and address) _____

Doctor (Phone and address) _____

Medications or supplements _____

Health History (surgeries, health issues, etc.) _____

I, _____ understand Reiki is a relaxation technique. I release Colleen Beggan, holding her harmless from any and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my session. I hereby declare myself physically and mentally sound and capable of participation in this session.

Signature of client (If under 18, parent or guardian signature)

_____ Date _____

This information is strictly confidential and will be held as such.