

Victoria Shaw, PhD, NCC

I am participating in healing sessions with Dr. Victoria Shaw of my own free will.

I attest that I am not under the influence of illegal drugs or alcohol, nor will I be during my sessions with Dr. Shaw I will notify Dr. Shaw should this change.

I will hold harmless Dr. Shaw and the location of the healing sessions.

I acknowledge that the treatment sessions are not intended as, nor are they a substitute for, professional medical care in any form.

As in any type of healing or therapeutic modality, results may vary from person to person. Therefore, no guarantees of result or performance are expressed or implied.

Further, the process can bring uncomfortable feelings and reactions, such as anxiety, sadness, anger, etc. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be addressed between me and my practitioner.

I also understand that Dr. Shaw operates under California law SB 577. As such, I understand that Dr. Shaw is not a licensed physician or mental health practitioner, but is instead an intuitive counselor who holds Doctor of Philosophy degree in Cognitive psychology and a Masters of Counseling degree. The treatment Dr. Shaw provides is alternative or complimentary to healing arts services licensed by the state of California. Such treatment includes energy psychology and energy medicine methods, which are based upon principles of Traditional Chinese Medicine, Ayurveda, and Psychology. My signature on this document serves as acknowledgement that I have received this information.

I, the undersigned _____ (client), voluntarily makes and grants this waiver, disclaimer and assumption of risk in favor of Dr. Victoria Shaw as partial consideration (in addition to monies paid) for the opportunity to participate in the process/service provided, and /or to damages, losses and /or death that may arise from the aforementioned process.

Any dispute or claim arising between the parties to the agreement, which is not settled through mediation, shall be decided by neutral, binding arbitration, and not by court action (you give up your right to trial by jury), in accordance with the rules of either the American Arbitration Association (AAA) or Judicial Arbitration and Mediation Services,inc. / Endispute (JAMS/ Endispute).

This waiver, disclaimer and assumption of risk is effective from _____ (date) inclusive, and may not be revoked, altered, amended, rescinded or voided.

I have read, understand and acknowledged the above and it is wholly satisfactory and acceptable to me and there are no areas of disagreement or misunderstanding.

NAME _____

SIGNATURE _____

DATE _____