



MINDFUL BLISS TRIBE
Liability Waiver and Release
And
Informed consent to treat
for Personal Energy Consultations/Classes

Subtle energy modalities such as energy healing and biofields therapies are recognized under NCAM, the American National Center for Complementary and Alternative Medicine. Complementary and Alternative Medicine recognize that treatment modalities must align with the complex, unique and multi-dimensional nature of human beings. Energy healing treatments facilitate and serve complex interconnections between the physical, emotional and spiritual bodies. Ancient Eastern disciplines such as Chinese medicine, TCM, qi gong, acupuncture and yoga work with subtle energy systems, within and around the physical body and act as conduit systems through which our spirit connects our physical body to the earth.

Creating harmonious energy fields provide an alignment, personal empowerment and renewed and increased energy or life force. In energetic integrity we are able to create and manifest what we desire in our lives. When our physical, emotional or spiritual body are out of alignment due to emotional trauma, physical injury, unresolved memories, environmental or food toxins, addictions, poor relationships or living an ungrounded, unconscious life, we lack the necessary vitality for life and can become physically ill, depressed, stuck and have difficulty creating a holistically harmonious life.

Both conscious and unconscious thoughts, fears, personal history, grievances, intentions, and belief systems as well as family, friends and societal belief structure and systems become imprinted into our subtle energy systems as well as physical body. This impacts how one feels and expresses oneself in the world. During personal sessions and/or classes, holistic techniques such as grounding, Life Force energy, etc. are presented to the client and applied to heal the subtle energy systems in support of healing the body and spirit.

Personal sessions provide various sensations during and after a session depending upon the topic or issue covered. Clients may sometimes experience an increased flow of energy throughout their body and personal space creating an increased sense of well-being. As well, energy work may bring about the release of old emotions such as grief, sadness or anger as part of the healing process and may also bring forward outdated energetic patterns, including but not limited to, relationships with work, friends and family members. Clearing such imbalances in your subtle body may be reflected in your relationships with others and the world. Clients often find it appropriate to relax right after a session and allow the integration of the energy work to continue. Drinking water and relaxing allows the body to eradicate old toxins and energy and provide the body to integrate the energetic alterations.

If you experience any discomfort that you believe is a result of any aspect of the energy healing, meditation, visualization please communicate this experience to us. Energy Medicine as a holistic health practice is a personal choice in self-discovery and personal transformation and evolution.





Intuitive Angel Card Readings: The information presented during Angel Card Readings is for entertainment purposes only. None of the readings can guarantee accuracy and do not make predictions. I will not knowingly give readings to any person or persons considered to be vulnerable or likely to be impressionable. All contact with spirit must be considered to be an “experiment” of scientific nature and is not a substitute for medical, financial, or legal advice. Angel Card Readings are spiritual tools that help people find the answers to questions they want to know, whether it’s finding the love of their life, the right career, or their health concerns. Get some peace of mind about a problem that you may have, or direction, or confirmation about a situation that you intuitively already know.

Clients must be 21 years or older to book, receive and/or purchase a reading, product or service. Readings are not substitutes for professional, legal, financial, medical, or psychiatric advice or care. Clients are encouraged to please seek the advice of a trained Medical Doctor about any health concerns. ALL readings, products, and services content are subject to the client’s interpretation.

The Angels want all of us to be healthy, happy, and abundant, and they want to communicate loving messages to us. No guarantees or promises of any kind are made. The cards that Mindful Bliss Tribe uses are the ones that Doreen Virtue designed for Hay House Publishing.





Liability Waiver and Release

I, _____, am here to inspire my own personal transformation. I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, Mindful Bliss Tribe, Sofia DeParis, 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 or applying energy techniques and information learned from Sofia DeParis, CACR., 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: _____

Printed Name: _____

Address: _____

Day Phone: _____ Email: _____

Cell Phone: _____





MINDFUL BLISS TRIBE
**ENERGY HEALING MODALITIES
INFORMED CONSENT TO TREAT**

I hereby request and consent to the performance of energy healing modalities and treatments within the scope of the practice of Energy Medicine Practitioners on my (or on the patient named below, for I am legally responsible) by the Energy Practitioner named below, or another practitioner, working or associated with or serving as back-up for the Energy Practitioner named below, including those working as part of Mindful Bliss Tribe as listed below, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to: energy clearing/balancing and harmonization, biofield therapies, reiki, chakra harmonization's, energy healing, meditation, visualizations, aura field cleansing, coaching/counseling, home/office space clearings and Intuitive Angel Card Readings. I will immediately notify my energy practitioner listed below of any unanticipated or unpleasant effects associated with any of the energy modalities applied.

I have been informed that energy medicine is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the energy practitioner to be able to anticipate and explain all possible risks and complications of energy treatment, and I wish to rely on the energy practitioner to exercise judgment during the course of treatment which the energy practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed.

I understand that all clinical information and records of energy healing treatments etc. will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of energy medicine and intuitive energy healing and other energy modalities, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my energy treatments for my present condition and for any future condition(s) for which I seek any energy healing modalities.

Client Signature: _____ Date: _____

(Or Patient Representative): _____
(Indicated relationship if signing for patient) _____

