

Reiki Session Client Form & Disclaimer

Personal Information

Please Print Clearly

Last Name		First Name	
Date of Birth	DD/MM/YY	Phone Number	(555) 555-5555
Email		Sex (M/F/NA)	
Referred By			
Emergency Contact Name		Emergency Contact Phone	
Your Address			
City	Province	Postal Code	

Privacy Notice:

No information about any client will be discussed or shared with any third party outside without written consent of the client or parent/guardian if the client is under 18.

Your Reiki Experience

Have you received Reiki before? Y / N

If yes, when was your last session? _____

Have you ever been attuned to any of the Usui Reiki symbols? Y / N

If yes, for which levels have you been attuned? _____

Your Reiki Session

Reiki Treatment Positions (Hands-on or Floating)

Please note that our Reiki practice is generally a hands-on healing practice. While there is a protocol of hand positions, practitioners also work intuitively as to hand placement and which hand positions to use. Hands will rest lightly on your body and there is no manipulation of your body. If, at any time, you are uncomfortable, please let your practitioner know and they can switch positions, or use the floating hands method.

There is no difference in the benefit experienced by using hands-on versus floating hands over your body. Should you desire to alternate positions during the treatment, please feel free to ask your practitioner to do so.

Initial _____

Do you have any specific area you like help with? E.g. Physical, Emotional/Mental, Spiritual

Do you have particular areas of concern?

What other treatments are you currently receiving?

Is there anything you would like to share/discuss that may influence your session?

Are you sensitive to touch or sound? Y / N _____

Are you currently taking any medications? Y / N _____

Client Waiver & Release Form

I, _____ hereby understand and acknowledge that my participation in this or any Reiki treatment at the chosen location (for which whose facilities are being used for my session) may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, effects of the treatment, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in this agreed-to session. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action arising out of the "Released Parties" negligence. I, on behalf of myself; covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any ways associated with The Fitness Room. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary from my immediate care and agree that I will be responsible for payment of any and all medical services rendered. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Cochrane Reiki, BlindDrop Design Inc., participating practitioners, officers, agents, employees, organizers, representatives, volunteers and successors (collectively, the "Released Parties") from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in my Reiki session or any other activities that are part of Cochrane Reiki or its associated members, programs and/or events. By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____ Date: _____

Participant's Signature: _____

In case of emergency, contact: _____

Phone: _____