

Living in Balance

168 Claude Pettit Drive * Canton, GA 30114 * 404-444-6287 * livinginbalancenow@gamil.com

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email _____

Occupation: _____

	Phone Number	Ok to leave VM?
Home		
Work		
Cell		

Emergency Contact Name: _____ Number: _____

Your Gender: F / M Age: _____ Birth Date: _____

Health Information:

Are you currently under the care of any medical doctor/practitioner? Yes / No

If yes, for what condition: _____

Doctor's Name: _____ Phone: _____

Please list all medications (prescription and non-prescription) you are currently taking.

Medication	Dosage	How Long Taken	Prescribing Doctor

Are you aware of any physical problem that may impair your functioning during the session? Yes / No

If yes, please explain: _____

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168 Claude Pettit Drive, Canton, GA 30115

Release and Waiver of Liability

I am fully aware that a blessing with Reverend Alison Stanley is spiritual in nature and works on the subtle energies of the body and does not guarantee a physical improvement or provide an assurance of healing;

I understand that the Reverend Stanley is not licensed in medicine and was not presented as such. I am aware that the Spiritual Blessing I will receive is not of a medical nature, such as the care provided by a doctor, nor do I expect it to replace the care provided by a doctor;

I came of my own free will to receive this spiritual blessing, I am competent to make decisions and not under duress. Nobody pressured me to come here, nor offered me something in return.

In consideration of the services rendered by Rev. Alison Stanley I hereby acknowledge the following:

That my true legal name is as signed below and that I have not used other names;

This document serves to inform me that Rev. Alison Stanley is not a medical doctor and that I am aware that she is not licensed under the laws of any state to practice any form of medicine;

I understand that Rev. Alison Stanley evaluates the bioenergy field and utilizes a Spiritual Blessing technique to bring that field more in balance and that such a technique is not a substitute for medical treatment. I agree to allow such a technique to be used with me;

I assume all risk associated with such techniques and wave any and all rights I may have to bring a claim or file a complaint against Rev Alison Stanley or Living in Balance, its employees, agents, and assigns that may arise from her use of those techniques;

I understand that the use of such techniques and the actions taken by Rev. Alison Stanley do not include medical diagnosis, treatment or any other medical assistance and that they are not a substitute for consultation with the appropriate health care practitioner or therapist;

I understand that Rev. Alison Stanley cannot diagnose, nor prescribe for any condition or problem from which I may appear to be suffering, her intervention being a Prayer and a Spiritual Blessing, and that if I have any physical or mental complaints, I should consult a licensed medical practitioner;

I understand that no guarantees or promises of cures or ameliorations of physical, emotional, and/or mental conditions have or will be made and that any benefits which I may experience come from within my own self;

I agree to hold Living in Balance and their respective directors, shareholders, owners, agents, landlords, employees, invitees, heirs, and successors (hereafter know as the “related parties”) harmless and free of any and all liability during my participation and/or stay at Living in Balance both presently and in the future, whether as a student, guest, invitee, group participant, or any other designation that may apply.

While on the Living in Balance and related properties and grounds, I will exercise due care and do accept full responsibility for my own welfare and the welfare of others, and I will not hold Living in Balance and its related parties liable for any and all events which may occur while on the Living in Balance properties, including but not limited to personal injury.

All information received by me from teachers, instructors, counselors, readers, and/or other sources is accepted with full knowledge and understanding that any actions taken by me as a result of the received information is my complete and sole responsibility. I understand and agree that Living in Balance is the sole judge of who may attend and participate in any and all of Living in Balance activities.

I am 21 years or older or have been accompanied by a parent or guardian who has explained the above to me and who has signed below on my behalf.

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.

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Date _____ Tel _____

Email _____