



Client Information and Consent Form

Name _____ Email _____

Address _____ Best Phone _____

City _____ Alternate Phone _____

State _____ Zip Code _____ Best Time to Call _____

I, the undersigned, understand that healing sessions and spiritual guidance provided by **LINDA SHELDON** and **THE OPEN-ENDED CIRCLE** (hereinafter collectively referred to as “Sheldon”) are for the purpose of stress reduction, relaxation and spiritual development. I understand clearly that a healing session or spiritual counseling provided by Sheldon is not a substitute for medical or psychological diagnosis and treatment. As a spiritual healer and minister, Sheldon does not prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. *Individual healing manifests in different ways and a particular outcome is not guaranteed.* By entering into this Agreement with Sheldon participating in this and any future healing sessions, I declare to the Universe that I am taking charge and responsibility for my personal spiritual healing in whatever form it may take, for my highest good.

I am voluntarily participating in this session and I accept complete responsibility for my own psychological, mental, emotional and spiritual well-being. In consideration of my voluntary participation in this and future sessions, I release, discharge, waive and forever relinquish Sheldon from any and all claims, known or unknown, arising out of or in any way connected with my participation or involvement in this or future sessions.

I agree that in the event any claim for damages shall be prosecuted against Sheldon or as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless Sheldon from any and all claims, including the cost and expense (including attorney's fees) of defending the same. I understand that sessions are considered confidential and shall not be disclosed except as required by law. I have carefully read and fully understand this Agreement. I am aware that this Agreement constitutes a contract between myself and Sheldon and contains a release of liability on behalf of myself and my assigns, heirs, executors, guardians and other legal representatives, and I sign this Agreement of my own free will.

I have read, accept and agree to abide by the terms and conditions listed above.

Print Name

Client Signature

Date