



CONSENT & WAIVER FORM

Eagle Flight Healing LLC Consent and Waiver

I am seeking the services of Eagle Flight Healing LLC and understand I will be participating in chakra illumination, extractions, soul retrievals, and possibly destiny retrievals during the course of shamanic energy medicine interventions.

- I understand that no medical, and psychological advice or treatments or diagnosis will be offered.
- I understand the visual imagery meditations that I may be offered during sessions supports the desire I have towards spiritual growth.
- I understand that my session and any information discussed in my session will be strictly confidential.
- I understand that if I am in treatment for medical or psychological needs I will continue that treatment and any medications I am taking.
- I am participating in the services of Eagle Flight Healing voluntarily and accept full responsibility for my own psychological, mental, emotional, physical and spiritual well-being.
- I understand that Cathy Stubbs does not make any claims implied or expressed on the outcomes of shamanic services offered by Eagle Flight Healing.

I understand this form acts as my consent to participate in shamanic energy medicine sessions and as waiver of liability.

In this and future sessions, I release, waive and relinquish Cathy Stubbs and Eagle Flight Healing from any and all claims, known or unknown, arising out of my participation in this and future sessions.

I have read and agree to Eagle Flight Healing, LLC consent and waiver policy.

Please print this page, fill out the information below and email a copy to info@eagleflighthealing.com prior to your session.

Name : _____

Signature: _____

Email: _____

Date: _____