

EESystem Healing Center Client Intake Form & Waiver

Date: _____ Date of Birth: _____ Age: _____ Gender M or F

Last Name: _____ First Name: _____ MI: _____

Phone Number: _____ E-mail address: _____

Address: _____

Referred By: _____

Medical Conditions:

Intention:

I, _____ understand that products and services offered by **EESystem Healing Center of Bastrop** support the body, mind, and soul's natural ability to create wellness in my life. I understand that **EESystem Healing Center of Bastrop** practitioners do not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that energy healing, or any service provided by **EESystem Healing Center of Bastrop** does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physiological or psychological ailment I may have. I understand that energy healing provided by **EESystem Healing Center of Bastrop** can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. **EESystem Healing Center of Bastrop** is not liable for my medical, mental, or emotional conditions before, during, or following any service provided by **EESystem Healing Center of Bastrop**.

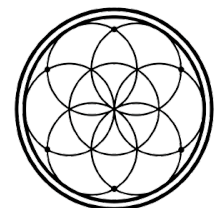
I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, **EESystem Healing Center of Bastrop**, and/or any of their associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with **EESystem Healing Center of Bastrop** 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: _____
Month, Day, Year

Printed Name: _____



EESystem
Healing Center
OF BASTROP