

GABRIELE CAMPBELL

ENERGY SHIFT FACILITATOR / INTUITIVE



LIABILITY WAIVER FORM

I, _____ (*your name*), understand that no physician-client relationship is established through my participation in this or any future session with Gabriele Campbell and Meridian Core Consulting Services. I understand that this session does not constitute a diagnosis, a medical treatment or a prescribed course of treatment, and that any solutions or options presented are only suggestions and that I can consult a Health Care Practitioner for advice.

I, on behalf of my heirs, personal representatives, guardians and any persons deriving their claims through me on my behalf, hereby waive, release and hold harmless Gabriele Campbell and Meridian Core Consulting Services and her agents from any and all claims, liabilities and damages of any nature or kind whatsoever, related in any way to the service(s) provided by or through Gabriele Campbell and Meridian Core Consulting Services.

I understand that after the initial Intake Segment and I agree to proceed with the session, I will pay the entire fee for the session. If I decide after the initial Intake Segment that I do not wish to proceed, the session will be ended and I am not obligated to pay for the session.

I agree that my participation in a reading, healing & balancing and/or coaching session with Gabriele Campbell and Meridian Core Consulting Services is fully voluntary, and I assume all risks associated with receiving any information provided during the session. I further release Gabriele Campbell and Meridian Core Consulting Services and all her agents from any after effects of the session.

Name – please print

Date

Signature