

SACRED VALLEY HEALING CENTER  
(aka Spirit Wisdom Healing)  
445, SHASTA COVE NORTH,  
WEED, CALIFORNIA 96094  
415- 516 2462  
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WWW.SACREDVALLEYHEALINGCENTER.COM

### **INFORMED CONSENT FORM**

**Name:**

**Address:**

**Phone No:**

**Place of Birth:**

**Age:**

**Email:**

Welcome! Before we enter into a working relationship together, we want you to have sufficient information about the services we provide.

At the Sacred Valley Healing Center we offer Energy Healing, Shamanic Healing, Alchemical Hypnotherapy, Spiritual Mentoring, Shamanic Empowerment Coaching, Reflexology, Sound Healing, Yoga and Emotional Support etc. There is no licensure in the state of California for the services we provide.

We will help to bring balance to your spiritual, emotional, physical and mental levels and sessions are intuitively tailored to your individual requirements, therefore each healing session will focus on a different area of need. It is our goal to provide a safe, non-judgemental and supportive environment during your time at our healing center and it is your responsibility to inform us of any emotional or physical discomfort you may be experiencing during your time here.

We expect payment in full to confirm reservation of retreats or seminars. Guests have 36 hours from the time of payment to cancel and receive a full refund; after 36 hours from time of payment, there are no refunds for any Sacred Valley Healing Center, Seminar, Retreat, or Workshop, unless cancelled by SVHC. In such event we are not responsible for any costs incurred by you other than the aforementioned refund.

In the event that you must cancel after 36 hours from the time of payment, the dollar amount paid can be credited towards any future SVHC event or healing

retreat within one year, less a \$50 processing fee.

After 36 hours from the time of payment, guests may cancel their registration for a specific event and decide on dates for a future event/ healing retreat within 7 days or they forfeit their payment

Cancellations made by a guest within 7 days of the event start date are non-refundable or transferable.

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At any point in our therapeutic relationship, we reserve the right to terminate our sessions/ retreat if we consider our work together is unproductive or if you become disruptive to the healing environment. You will receive no refund if you are asked to leave for these reasons.

**Due to the nature of this type of service, we do not offer a guarantee of any specific results and no refunds will be given.**

I am aware that during my time at The Sacred Valley Healing Center I will inform the hosts of any limiting physical condition and of any medications I am taking before the start of the retreat/seminar. I will inform them of any alcohol or drug dependency. I understand that no alcohol or non-prescription drugs can be consumed on the premises of SVHC.

The powerful healing processes can bring up strong emotions and by signing this document I declare I am emotionally stable enough to handle heightened emotional releases.

Our therapies are not offered as a substitute for health care treatment with a licensed physician or therapist but as a complimentary service. Practitioners at SVHC do not take any legal or clinical responsibility for the client to ensure correct procedure with their health care provider.

### **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE SACRED VALLEY HEALING CENTER, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the Sacred Valley Healing Center and its owner -Alan Francis Waugh

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Name  
(Please print legibly.)

Date:\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(If under 18 years old, Parent or Guardian must also sign.)