

Client Waiver

I hereby confirm that I am here, on this and any subsequent visit, solely on my own behalf and not as an agent for any federal, provincial, municipal, or professional agency on a mission of entrapment or investigation.

I understand that Alahnnaa Campbell has a MSc in Research Psychology/Social Neuroscience (specializing in Stress and Health), and is trained or certified in:

<u>Soul Contract</u>, <u>Human Design</u>, <u>Divine Healing</u>, <u>Astrology</u>, <u>Gene Keys</u>, <u>Tarot Numerology</u>, <u>RestoreChi</u>, <u>Energy Awareness (reducing suicide risk and self harm)</u>, <u>Elemental Magic</u>, <u>and Esogetic Medicine</u>

from http://www.masterthyselfcoaching.info/, http://www.masterthyselfcoaching.info/, https://centerforconsciousascension.net/, https://astroinsights.ca/, https://centerforconsciousascension.net/, https://cestorechi.com/, <a href="https:/

I understand that Alahnnaa Campbell is not a trained medical doctor, therapist, counselor, or legal advisor and that she can not diagnose, treat, cure, or prevent any medical or psychological disease, disorder, or condition. I fully understand that she can not advise, recommend, suggest, or provide counsel on any medical, dietary, emotional or psychological treatment, condition, disease or disorder, nor does she provide any advice on decision making with regard to relationships, childrearing, or otherwise.

I understand that the information provided by Alahnnaa Campbell is meant to help me understand myself, my kids, and our life experiences. I fully understand that I am solely responsible to verify if the information feels correct for me and my family, and, should I choose to implement or experiment with any of the strategies provided by Alahnnaa Campbell, I accept full responsibility for any consequence and release Alahnnaa Campbell from liability with respect to any advice, which I may follow.

I have selected this service by my informed choice. I am aware of Alahnnaa Campbell's qualifications and certifications. I understand she will not discourage me from any protocols doctors have prescribed. I am simply seeking to better understand myself, my kids, and my life, and to talk about these issues so that I can make my own decisions.

I acknowledge that by signing this waiver once, it will cover all subsequent visits, regardless of the modality used.

Current Date:	
Client Name (print):	
Signature:	