

Energy Work Consent and Release Statement

I, the undersigned, understand that the Reiki session given involves a natural hands-on method of energy balancing for the purpose of pain management, stress reduction, and relaxation. I understand very clearly that these treatments are not intended as a substitute for medical or psychological care.

I understand that Reiki practitioners do not diagnose conditions, nor do they prescribe medicines, nor interfere with the treatment of a licensed medical professional. It is recommended that I seek a licensed health care professional for any physical or psychological ailment I have.

I understand that the practitioner will be placing hands on me during the Reiki session.

Printed Name

Date

Signature