**Information and Release form**

Thanks for participating in the Reiki Energy, Coaching, and Hypnotherapy sessions with Ross Rayner.

Name: --------------------------------------------------------------------------

Address: -------------------------------------------------------------------------

City: --------------------------------------------------------------------------

Postal Code: --------------------------------------------------------------------------

Phone: --------------------------------------------------------------------------

E-mail: --------------------------------------------------------------------------

How did you hear about me? -----------------------------------------------------

List your personal injuries, health issues/ conditions including mental issues or physical limitations (if any):

I understand that the instructions and advices presented by the teacher/practitioner are not meant to replace medical care for the treatment of any condition. I agree to attend this Reiki session, Coaching session or Hypnotherapy of my own will, and understand that these sessions are not intended for those needing personal supervision.

I hereby release Ross Rayner, Wellness with Ross and The Breathe Spa, from liability now and in the future, in respect to physical injuries or other problems, however caused, occurring during or after my participation in the Reiki sessions.

By signing this form, I release Ross Rayner of any liability.

Signature: ----------------------------------------------

Date: ----------------------------------------------

All the collected information is confidential and will not be shared with others.