Healing Arts Metaphysical Center

The following Release and Liability Waiver is effective fo	r all visits.	
By signing below, I acknowledge and agree that:		
 Practitioners at Healing Arts Metaphysical Center oprovide medical treatments The sole purpose of this session/s is for relaxation of harmonize, release and heal on all four levels (physical contents) I understand that some bodily functions may temporare may body and I agree that this is a natural occurrence sexual in nature (E.g. erection in male clients) I assume sole responsibility for my own health and Arts Metaphysical Center that may affect my health Session/s will not replace conventional medical diamedication prescribed by a licensed medical physical I release Healing Arts Metaphysical Center, its own my participation in Healing Arts Metaphysical Center All information received by me from Healing Arts full knowledge that any action taken by me as a responsibility 	or stress reductions or stress reductions or stress reductions or stress or the result of the result	ection. Additionally, to balance, emotional and spiritual) cted as a result of shifting energy within e of gas from the rectum) or is non-ss of any sessions provided by Healing etment. I will continue taking continue to follow his/her instructions citioners from all legal liability during
Signature		Date
Please Print Name		
Address	City	State
Zip	Phone #	
Email		
Recommended/Referred by		
Would you like to be added to our mailing list? Yes		No

Healing Arts Metaphysical Center

We strive to provide the best attention to all our clients. To be consistent with this, we have Late and Cancellation Policies in place.

Late Policy

As a courtesy, we send text and email to confirm your appointment wone day prior to your appointment date and one hour prior to your appointment time. However, if we are unable to reach you please understand that it is your responsibility to remember your appointment dates and times to avoid late arrivals, missed appointments and a no-show fee.

We understand that sometimes being late is unavoidable. However, depending on circumstances, we may be forced to shorten your service.

Clients who arrive late will be charged in full for their scheduled session but will receive an abbreviated session. For example, if you scheduled an hour session and arrive 15 minutes late, you will be charged for that hour session but will only receive 45 minutes of treatment for that session.

Cancellation Policy

Your appointments are very important to us. Your appointment time has been set aside just for you and when it is missed, that time cannot be used for anyone else. If you must cancel or reschedule an appointment please provide us with at least a 24-hour notice. We understand that unavoidable issues come and we will do our best to work with you in case you need to reschedule your appointment.

If you miss an appointment without contacting our office, we reserve the right to charge a missed appointment fee of \$50.00.

We appreciate your patronage and compliance with our policies.

I have read and agree to the Late and Cancellation Policies.
Signature:
Date: