

**Oak and Clouds**  
**REIKI CLASS INTAKE & WAIVER**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact & phone# \_\_\_\_\_

Do you have Insulin Dependant Diabetes or Pacemaker? Yes \_\_\_ No \_\_\_ If yes, which? \_\_\_\_\_

Have you had a Reiki Session before? Yes \_\_\_ No \_\_\_ How was the experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which Reiki Training Class are you interested in? Reiki 1 \_\_\_ Reiki 2 \_\_\_ Reiki 3 \_\_\_ Reiki 4 \_\_\_

What are your goals for Reiki Training? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any questions or concerns I should be aware of prior to class? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT CONSENT FORM**

\*\*This document only needs to be completed once per client and is applicable to all services.

I understand, acknowledge and agree that the Reiki and Energy Healers at Oak and Clouds do not diagnose or treat illness, disease, or mental disorder. Nor do they prescribe medical treatment or pharmaceuticals. I also understand, acknowledge and agree that energy healing is not a substitute for medical examination, diagnosis or treatment and that it is recommended that I see a licensed medical professional for any physical or mental ailment. I understand, acknowledge and agree that the Reiki and energy services provided by Oak and Clouds are simply intended to enhance relaxation, aid in stress reduction and improve my sense of well-being. There are no guarantees as to the results from a single session or multiple sessions. I agree to take full responsibility for my health, self-care and personal development. If I experience any discomfort during the sessions I will immediately communicate that to the practitioner so the treatment can be adjusted. I attest that I understand the nature of the treatment and freely elect to receive treatments.

I understand that the practitioner will be remotely sending energy to me for the duration of my session(s). Please provide 24 hours advance notice of any changes or cancellations. Appointments that are missed with less than 24 hours notice will not be rescheduled or refunded. **Privacy Notice:** No information about any client will every be discussed or shared with any third party without written consent.

By signing the below, I also hereby HOLD HARMLESS, WAIVE and RELEASE Oak and Clouds, its practioners, owners, directors, officers, members, employees, agents, affiliates, volunteers, successors and assigns from any and all responsibility, liabilities, demands or claims of any kind, past, present and future arising from or in any way related to the services or sessions being provided to me by Oak and Clouds and its practitioners. By my signature I indicate that I have read and understand this Waiver of Liability and I voluntarily agree to its terms.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_