



Informed Consent and Waiver of Liability

Name: _____ Birthdate: _____

Street: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail: _____

I hereby request and consent to receive Harmonyum® treatments (or on the patient named below, for whom I am legally responsible) by the Harmonyum® Practitioner named below.

I understand that:

- While Harmonyum® treatments are safe and pose no real physical risks, results are not guaranteed.
- All of my records will be kept confidential and will not be released without my written consent, with the exception of any necessary review by the clinical and administrative staff, or should I be assessed as posing as a risk to myself or others.
- I should not receive more than one Harmonyum® treatment within a twenty-four hour period.
- It is recommended to receive one to two treatments per week.
- In no way does Harmonyum® take the place of advice from my Medical Doctor or any other health care provider.
- A normal and healthy component of any healing system, including Harmonyum®, that seeks to support the body's internal healing mechanisms, is the phenomenon of a healing crisis. A healing crisis is a normal occurrence.
- A Harmonyum® Practitioner must be neutral when giving a treatment. Neutrality includes not giving direct advice or judgment regarding their client's specific life situation or health matter. The Harmonyum® Practitioner supports the client in their journey toward self-realization and consciousness by providing them with the spiritual tools of Harmonyum®, meditation, mantra, mudra, breath work, and other modalities taught in the Harmonyum® Certification Course.
- Harmonyum® does not include the use of channeling spirits or acting as a Medium. Harmonyum® Practitioners holding separate licenses such as Psychologists or Medical Doctors or other health care professionals may provide these services in addition to Harmonyum®.

I, my heirs or legal representatives, in consideration of my Harmonyum® treatments forever release, waive, and covenant not to sue the Harmonyum® Practitioner, Naam Yoga Therapies, Rootlight, its officers, employees, and any other people officially connected, for any injury and do release from any and all liability due to sickness, from whatever source which might occur during or after receiving a Harmonyum® Treatment.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. If signing as a legal guardian for a minor, I also agree to remain present during the Harmonyum® treatment.

(SIGNATURE of Client or Client's Representative or Legal Guardian)

(DATE)

(SIGNATURE of Harmonyum® Practitioner or Office Staff)

(DATE)