



## Client Intake Form

Last Name:

First Name:

Birthday:

Address:

Phone:

Email Address:

Emergency Contact Name, Number, and Relation:

How did you hear about the Sound Masseur?

What is the type of session you are seeking and what is the main reason you are seeking it?

- ☐ Sound Massage
- ☐ Restorative Sound Meditation Session

Are you currently experiencing pain, or other specific physical or psychological symptoms that are affecting your current stress levels or mood?

During our journey together, the insights and recollections that come up might surprise you. Be assured that whatever is coming up for you is a way and means of your own intuition to communicate what might be necessary for your personal growth and well-being. While some answers or messages may seem direct, most are metaphors to mine for individual meaning and it is best not to make major life decisions based solely on your reflections here. You are always at choice as to what you do, in the way of honoring what comes through for you and when. Your answers, your understanding, your pace.

Office Use Only:

Payment Info:

## Client Intake Form/RoL (cont.)

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### **Responsibilities and Liability Release**

1. I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques and exercises. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new, or existing medical conditions.
3. I understand that ALL HEALING IS SELF HEALING and that (Genie Johnson) is only a “facilitator” in the process of helping me. It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self in regard to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the facilitator, but from my own higher self.
5. I understand that affirmative prayer with a trained prayer practitioner is optional for these sessions and that at no time is the facilitator in any way responsible for their fulfillment.
6. I understand that my facilitator may elect NOT to proceed with the session if she/he feels it is not in their or your best interest to do so. My Facilitator is NOT liable for travel costs (airline, hotel, etc.) associated with declining a session.
7. I understand that our session may be digitally recorded for my later use by request. I also understand that in these types of sessions, there may be unexpected technical glitches resulting in static or blank recordings.

Further, in consideration of the risk of injury while participating in exercise/stretching, and meditation (the “Activities”), and as consideration for the right to participate in the Activities, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activities, and do hereby release and forever discharge The Sound Masseuse, and their room usage affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activities, including traveling to and from, and any injuries attained on the property of events related to these Activities.

I acknowledge that I have carefully read this waiver and release and understand that it is legally binding.

Print Client Full Name:

Client’s Signature:

Date:

#### **Special Use of Information:**

I understand that my name and personal information will be kept completely confidential.

I understand that I may share my recording and information in the future in any way that I am personally comfortable.

I agree to allow the facilitator to share snippets of our session only for educational training or research as long as my identity, name and all relevant personal details are omitted or changed.

Client’s Signature: \_\_\_\_\_ confirmed \_\_\_\_\_ Date: \_\_\_\_\_