



## **SOUL RETRIEVAL CONSENT FORM**

I hereby authorize the performance of a Shamanic Healing session by Christalene Visionary Intuitive (Christalene Karaiskakis, Owner). Christalene has fully described the procedures to me, and has advised me of the risks and possible complications these procedures may pose, which include, but are not limited to:

- possible increased emotional sensitivity
- possible cold-or flu-like symptoms.

I have had all of my questions with respect to these procedures answered fully and to my satisfaction. I understand that Shamanic Healing is a form of spiritual healing and is not a substitute for medical examination, diagnosis, or treatment. I also understand there are no guarantees as to the results of these procedures.

I confirm that I am 18 years of age or older and competent to make decisions for myself.

I HEREBY RELEASE Christalene Visionary Intuitive/Christalene Karaiskakis, FROM ALL CLAIMS, DAMAGES, OR SUITS WHICH MAY ARISE DURING OR DEVELOP IN THE FUTURE, AS A RESULT OF SHAMANIC HEALING PROCEDURES.

By completing a purchase for a session with Christalene, I affirm that I have read, understand, and agree to all of the terms outlined in this consent form.