



ENERGY WORK AND SPIRITUAL GUIDANCE RELEASE FORM

I understand that my session(s) with Colleen is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I acknowledge that these sessions may include Craniosacral release techniques, essential oils and crystals. I understand that Colleen Ofsanik, CNHP/RMT/CYT/CST of Healing Reflexions, LLC and Lovelight Rising Healing Center, is an Alchemist, intuitive healer and spiritual coach.

I acknowledge that she does not diagnose conditions nor prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of licensed medical professionals.

I understand that energy work or information she receives from the divine does not take the place of medical care. It is recommended that I see a licensed physician or licensed healthcare professional for any physical or psychological ailment I may have. I further understand that energy work can complement any medical or psychological care I may be receiving.

I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

I am responsible for any decisions I make based on advice received from Colleen.

Date: _____

Printed Name: _____

Signature: _____