

Luminous Path Consent to Work Waiver

I have been informed that:

1. Any service offered by Jason Latham and/or Maria Claudia Peralta (dba Luminous Path) including but not limited to Reiki/energy healing, teaching yoga/breathwork/meditation, Ayurvedic/yogic lifestyle consultation, holding events, holding ceremonies, etc is no substitute for medical care but is meant to be supplemental to medical care. Luminous Path offers no warranties or guarantees of any kind related to services offered.
2. Luminous Path does not diagnose medical conditions, perform medical treatment, make medical claims, prescribe medication, or interfere with any form of treatment prescribed by a licensed medical professional. Luminous Path recommends that you consult your physician before beginning a new physical regimen such as a yoga practice or starting a new diet.
3. Intense feelings/memories and strong physical sensations can occur during any type of work with Luminous Path (including but not limited to Reiki/energy healing, teaching yoga/breathwork/meditation, Ayurvedic/yogic lifestyle consultation, events, ceremonies, etc) that neither I nor the practitioners (Jason Latham and/or Maria Claudia Peralta) can fully anticipate. These feelings, memories, and physical sensations might continue after the end of the experience with Luminous Path, clarifying other incidents or situations that need to be addressed in some way, possibly with a licensed medical or psychological professional.
4. Confidentiality related to anything shared in any type of session or service offered by Luminous Path will be kept. All personal information will be kept private.
5. In engaging in any services offered by Luminous Path, I do so of my own choice and at my own risk.
6. I have read the above information. I fully understand and accept these terms and conditions. I consent to the treatment that Luminous Path provides. I waive and release any right to bring legal action to assert claim against Jason Latham and/or Maria Claudia Peralta (dba Luminous Path).

Client Name (printed): _____

Client Signature: _____

Client Address: _____

Client Phone Number: _____