



### **SESSION DISCLOSURE FORM CEBR, REIKI, SESSION DISCLOSURE:**

CEBR and Reiki is a gentle, spiritual energy practice. Possible experiences include: Relaxation Emotional release Increased awareness Results vary by individual. CEBR and Reiki do not replace going to your dr for your health needs.

### **Thrive Healing MEMBERSHIP AGREEMENT PRIVATE MEMBERSHIP AGREEMENT:**

I voluntarily apply for membership in Thrive Healing, PMA. I understand and agree that: This is a private association, not open to the public Services are spiritual and educational in nature. No medical diagnosis or treatment is provided. I am responsible for my own health decisions. I may terminate membership at any time. I agree to keep all Association information private.

### **INFORMED CONSENT & LIABILITY WAIVER INFORMED CONSENT & LIABILITY RELEASE:**

I understand that Reiki in person or over distance is a spiritual energy practice and is not a substitute for medical care. I acknowledge: No guarantees are made. Emotional or energetic shifts may occur. I voluntarily participate in myself or my pets. I release Thrive Healing, Nicole, from all liability. I agree to hold harmless Thrive Healing, PMA, its practitioners, and affiliates. This is a waiver of liability with Nicole "Thrive Healing" and is final. Specifically, and without limitation, I, on behalf of myself or my pet, hereby release Nicole "Thrive Healing" from any liability, claim, or cause of action arising out of negligence. I, on behalf of myself or pet, agree not to sue Nicole "Thrive Healing" for any alleged liabilities, claims, or causes of action released hereunder. I further agree to assure and hold harmless and defend Nicole "Thrive Healing" from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to, attorneys' fees, sustained by me or my pet arising out of, connected with, or in any ways associated with Nicole "Thrive Healing". After having read this waiver and knowing these facts, and in consideration of acceptance of my or my pet's participation, I agree, for myself to hold harmless, waive and release Nicole "Thrive Healing" from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in my Reiki or Energy Healing Modality that are part of Thrive Healing. I voluntarily agree to become a private member of thrive healing Private Membership Association (PMA). I acknowledge that I have read, understand, and agree to the Private Membership Agreement, Terms of Use, and Disclaimer. I understand that my participation is private, voluntary, and member-based, and that my signature below constitutes my agreement to this PMA.

**PRIVACY & CONFIDENTIALITY:**

All member information is kept private and confidential. No information is shared without written consent unless required by law. Records are maintained securely and used solely for Association purposes.

**CODE OF CONDUCT MEMBER & PRACTITIONER CODE OF CONDUCT:**

Members agree to: Respect boundaries Engage respectfully. Honor the spiritual nature of services. Violations may result in termination of membership.

**FEE SCHEDULE & DONATION DISCLOSURE FEE & DONATION DISCLOSURE:**

Membership Contribution Notice: All financial contributions made through this website are voluntary membership donations to support Thrive Healing Private Membership Association (PMA). The suggested membership contribution listed for each offering reflects the level of support requested to access that specific member experience. Upon making a contribution, members are granted access to private, member-only spiritual and educational offerings, including sessions. I acknowledge that my contribution supports the operation of the association and grants me access to private, member-only spiritual and educational experiences. I understand that no services are sold, no guarantees are made, and participation is entirely voluntary. Non-insurance billable. Participation supports the operation of the Association.

**MEMBERSHIP APPLICATION PRIVATE MEMBERSHIP APPLICATION:**

I affirm my intention to join this private association Thrive healing PMA. I confirm that I have read and agree with all the articles in this agreement.

Signature: \_\_\_\_\_