HARMONIC EGG SACO-HEALING WAVES
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207-831-4344
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INFORMED CONSENT/CLIENT DECLARATION

I hereby voluntarily consent to a relaxation therapy session at Healing Waves. I have read the program protocol and conditions and agree to comply with all recommendations, to the best of my ability, in order to receive maximum benefits.

I am responsible for the decision to seek this type of relaxation therapy that could include improvement of the physical, psychological, emotional and/or environmental aspects of my illness. I recognize that the Healing Waves staff does not treat any specific disease or illness and they are not licensed, certified, or registered by the state as a health care professional. However, all staff members are trained technicians and possess the proper training for administering sessions to clients. I recognize the possibility that this program may not prove successful or accomplish the results I expect or hope to. I understand that the best results are obtained with a package program/membership.

I am fully informed that this approach to health differs from, and may not be recognized by, traditional medical standards. Clients should discuss any recommendations made by Healing Waves with their medical professional. As further inducement to Healing Waves to provide service to me, I hereby waive any claims and demands that I might now or hereafter have against Healing Waves or its owners or staff that may arise, or deemed to arise from participating in therapy programs at Healing Waves and I hereby further release Healing Waves and its owners and consultants from any and all liability whatsoever kind or nature arising out of or in any way relating to the therapy sessions I will receive at Healing Waves. Healing Waves does carry liability insurance as deemed necessary by the State of Maine and the leasing agent in which we are doing business on their property.

I understand that Healing waves reserves the right to deny treatment if it is not deemed by Healing Waves to be in the best interest of the client(s) or staff.

It is understood that any therapy sessions, remedies, supplements, or treatment modalities are intended to enhance overall body performance and are not intended or implied to treat or “cure any specific illness.” It is understood that any suggestions regarding remedies and nutritional supplements are only Healing Waves best recommendation and are at no time to be considered a prescription.

Date: _____

Client Name(print please): _____
Signature: _____