

**TRANQUIL FLOW HOLISTIC HEALTH LLC,
Shamanic healing, Energy Work and Chromotherapy Consent and Release Form**

I _____, the undersigned, am 18 years of age or older and competent to make decisions for myself, I understand that Shamanic Healing, Energy Work, and Chromo therapy (Color Therapy) are Complimentary and Holistic methods that involve balancing, enhancing and restoring the body's natural subtle anatomy or energetic field for the purpose of pain management, stress reduction, relaxation, increasing vitality and optimizing my health and wellbeing.

I understand that Tranquil Flow.com website is designed for general educational and informational purposes only and does not render medical advice. I understand that information provided through "Tranquil Flow Holistic Health LLC " should not be used for diagnosing or treating a health problem and that services provided by Kandace Dole are not a substitute for professional health care provided by a Physician or a Mental Health Care Professional.

I have been advised that if I have or suspect that I have a health problem, that I am to consult with my health care provider.

I understand that Shamanic Healing practices, Energy Work and Chromotherapy sessions are generally gentle and considered non- invasive, but that it is possible that physical and emotional after effects may occur as the result of energy being shifted, stimulated and adjusted. I agree that if any procedure is uncomfortable, I will report it at once and that the session can be stopped at any time if I request it.

I understand that during a Shamanic Healing and Energy work session that:

- Reactions may surface during a treatment that I or my Shamanic Practitioner cannot fully anticipate, which may include strong emotional or physical sensations or additional unresolved memories.
- Emotional experiences may continue to surface after a treatment session and give indications that may need to be addressed.
- My Shamanic Practitioner may refer me to other practitioners who have special skills to aid me with problem areas that have surfaced and have been identified.

I understand that Shamanic Healing work, Energy work and Chromotherapy sessions specifically address the energetic body, are spiritual in nature and can be can be deeply transformative as well as presenting great opportunities for personal change. It is important to maintain a commitment to my own personal self care by scheduling sessions if needed with my Physician, Therapist, Body Worker or mentors as needed before and after each session.

I have been informed that all client information and records are treated in a confidential manner. My experiences during these sessions are confidential subject to the usual exceptions governed by the State or Federal Government laws and regulations.

I hereby acknowledge that I have read the forgoing consent and release form for treatment. I am satisfied that I fully understand the nature of these sessions and freely consent to receive treatments. I release Kandace Dole from any and all claims of Malpractice, non disclosure, privacy concerns, or lack of informed consent. I fully assume any and all risks of treatment whether presently contemplated or herein after disclosed.

Client Name : Print

Client Name : Signature

Date:

Please Print and fill out prior to your first appointment.