

Yoni Steam®

Acknowledgement & Release from Liability

THANK YOU FOR CHOOSING US FOR YOUR HOLISTIC YONI STEAM® WELLNESS. IN ORDER TO FACILITATE YOUR SERVICE IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING CONDITIONS:

YONI STEAM® PRACTITIONERS DO NOT TREAT, CURE OR CLAIM TO CURE OR PREVENT ANY DIS-EASE. WE ARE NOT MEDICAL PHYSICIANS AND THEREFORE DO NOT DIAGNOSE DISEASE OR PRESCRIBE DRUGS.

OUR SERVICES ARE SOLELY FOR THE PURPOSE OF ASSISTING YOU ON YOUR PATH TO OPTAINING AND MAINTAINING OPTIMUM HEALTH. AT ALL TIMES YOUR HEALING IS YOUR COMPLETE RESPONSIBILITY.

IT IS OUR BELIEF THAT WHEN GIVEN THE PROPER MENTAL, PHYSICAL, AND SPIRITUAL NOURISHMENT, THE BODY HAS THE POWER TO HEAL ITSELF. THEREFORE, OUR SERVICES ARE PROVIDED AS COMPLEMENTARY HEALTH ALTERNATIVES AND ARE COMPLETELY ELECTIVE.

YOU HEREBY REQUEST TO RECEIVE THE YONI STEAM AND/OR OUR OTHER COMPLEMENTARY THERAPIES. AND ARE REQUIRED TO ADVISE YOUR PRACTITIONER OF ANY CONDITIONS INCLUDING PREGNANCY THAT MAY PREVENT YOU FROM RECEIVING OUR SERVICES. YOU ARE REQUIRED TO ADVISE YOUR PRACTITIONER IF AT ANY TIME DURING YOUR CARE YOU IF YOU EXPERIENCE PAIN OR DISCOMFORT.

YOU HAVE BEEN ADVISED OF THE POSSIBLE BENEFITS OF RECEIVING A YONI STEAM® INCLUDING BUT NOT LIMITED TO THE CLEANSING, STRENGTHENING AND TONING OF THE UTERUS AND THE REDUCTION OF THE SEVERITY OF CERTAIN CONDITIONS. YOUR YONI STEAM® PRACTITIONER RESERVES THE RIGHT TO TERMINATE OR REFUSE ITS SERVICES TO ANYONE WHO POSES A HEALTH OR SAFETY THREAT OR FOR ANY INAPPROPRIATE BEHAVIORS.

YOU ARE HEREBY ADVISED THAT ALL RECORDS RENDERED BY YOUR YONI STEAM® PRACTITIONER CONCERNING YOUR CARE WILL BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED BY YOUR YONI STEAM® PROVIDER WITHOUT YOUR WRITTEN CONSENT UNLESS OTHERWISE REQUIRED BY LAW. YOU ARE REQUIRED TO PAY FOR ALL SERVICES PROVIDED PRIOR TO START OF YOUR SESSION.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ACKNOWLEDGEMENT AND RELEASE FROM LIABILITY AND I UNDERSTAND THE NATURE OF THE SERVICE/S I AM RECEIVING TODAY, AND I FULLY AGREE TO RECEIVE THEM. I RELEASE THE YONI STEAM® PRACTITIONERS ON BEHALF OF MYSELF FROM ANY CLAIM OF MALPRACTICE, NON-DISCLOSURE, OR LACK OF INFORMED CONSENT. I SOLELY AND FREELY ASSUME ALL RISKS OF THE SERVICES PROVIDED PRESENTLY OR HEREAFTER.

BY SIGNING BELOW, I AGREE TO THE ABOVE RELEASE FROM LIABILITY AND GIVE PERMISSION FOR MY YONI STEAM® PROVIDER TO DELIVER THIS HOLISTIC SERVICE ON MY BEHALF.

CLIENT SIGNATURE

DATE

PRACTITIONER SIGNATUR