



Healing Methods LLC[©]
Siwa Murti
Liability Release and Waiver

I _____, do hereby state that I am at least 18 years of age and wish to participate in the Balinese Healing Technique known as Siwa Murti. I have received information and understand that Siwa Murti is a gentle, energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the respectful use of physical touch and hereby consent to this treatment.

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 State or Federal laws and regulations.

I acknowledge that I have carefully read this “release and waiver” and fully understand that it is a release of liability. By contracting this service, I agree to completely hold harmless and absolutely indemnify, Susan deCaussin, Michael deCaussin, Healing Methods LLC, and all associated parties for any injury, any/and all liabilities, and any related expenses.

I further understand that Siwa Murti is a natural method of energy balancing, but is not meant as a substitute for medical or psychological, diagnosis and treatment. Siwa Murti Practitioners do not diagnose conditions, nor do they perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. Siwa Murti or any other natural healing therapy should not compete with medical doctors and their treatments. All therapies are meant to complement medical treatments.

I hereby give my consent to receive a Siwa Murti Healing Session from the Healing Methods Practitioner listed below.

Susan deCaussin

Michael deCaussin

Client Signature

_____/_____/_____
Today's Date