



Universal Core
Wellness Center
LIFE • BODY • SPIRIT

Client Information and Consent Form

Name _____ Phone _____
Email _____ Best Time To Call _____
Address _____ City _____ State ____ Zip _____
Birth Date _____ Referral _____ Next Apt. _____

I, the undersigned, understand that healing sessions and spiritual guidance provided by **REV. MELISSA M. WALLACE** and **UNIVERSAL CORE WELLNESS CENTER LLC**. (hereinafter collectively referred to as "*Wallace*") are for the purpose of stress reduction, relaxation and spiritual development. I understand clearly that a healing session or spiritual counseling provided by *Wallace* is not a substitute for medical or psychological diagnosis and treatment. As a spiritual healer and minister, *Wallace* does not prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. *Individual healing manifests in different ways and a particular outcome is not guaranteed.* By entering into this agreement with *Wallace* participating in this and any future healing sessions, I declare to the Universe that I am taking charge and responsibility for my personal spiritual healing in whatever form it may take, for my highest good.

I am voluntarily participating in this session and I accept complete responsibility for my own psychological, mental, emotional, and spiritual well-being. In consideration of my voluntary participation in this and future sessions, I release, discharge, waive and forever relinquish *Wallace* from any and all claims, known or unknown, arising out of or in any way connected with my participation or involvement in this or future sessions.

I agree that in the event any claim for damages shall be prosecuted by *Wallace* or as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless *Wallace* from any and all claims, including the costs and expense (including attorney's fees) of defending the same. I understand that sessions are considered confidential and shall not be disclosed except required by law. I have carefully read and fully understand this Agreement. I am aware that this Agreement constitutes a contract between myself and *Wallace* and contains a release of liability on behalf of myself and my assigns, heir, executors, guardians and other legal representatives, and I sign this agreement of my own free will.

I have read, accept and agree to abide by the terms and conditions listed above.

Print Name

Client Signature

Date