

**Translated Soul, LLC**  
**Liability Waiver and Release and Informed Consent to Treat**

I understand that Energy Healing/Soul Illumination Healings are complimentary healing modalities that in no way substitutes for medical interventions, body therapy, or psychotherapy. I also understand that the Healing Practitioner may make suggestions for self-care as well as appropriate referrals.

I acknowledge that an open communication is promoted between me and my Healing Practitioner to enhance a mutual understanding and acceptance of the energy work provided during the treatment setting.

I further understand that there are numerous benefits possible through Intuitiveness Awareness/ Reiki, such as diminished pain sensation, increased relaxation, relief from anxiety and enhanced sense of well-being. These effects may vary depending on each individual's response patterns. Although there are no known harmful effects from this type of intervention, I hold Translated Soul LLC harmless from any possible effects that may cause temporary physical or emotional discomfort and agree to take full responsibility for my self-care and personal development. I am in control of my own body, and I can always "stop" at any time.

Intuitive Work: Creates harmonious energy fields provide an alignment, personal empowerment and renewed and increased energy or life force. When our physical, emotional, or spiritual body are out of alignment due to emotional trauma, physical injury, unresolved memories, environmental or food toxins, addictions, poor relationships or living an ungrounded, unconscious life, we lack the necessary vitality for life and can become physically ill, depressed, stuck, and have difficulty creating a holistically harmonious life.

Both conscious and unconscious thoughts, fears, personal history, grievances, intentions, and belief systems as well as family, friends and societal belief structure and systems become imprinted into our subtle energy systems as well as physical body. This impacts how one feels and expresses oneself in the world. During personal sessions and/or classes, holistic techniques such as grounding, Life Force energy, etc. are presented to the client and applied to heal the subtle energy systems in support of healing the body and spirit.

Personal sessions provide various sensations during and after a session depending upon the topic or issue covered. Clients may sometimes experience an increased flow of energy throughout their body and personal space creating an increased sense of well-being. As well, energy work may bring about the release of old emotions such as grief, sadness, or anger as part of the healing process and may also bring forward outdated energetic patterns, including but not limited to, relationships with work, friends, and family members. Clients often find it appropriate to relax right after a session and allow the integration of the energy work to continue. Drinking water and relaxing allows the body to eradicate old toxins and energy and provide the body to integrate the energetic alterations.

If you experience any discomfort that you believe is a result of any aspect of the energy healing, meditation, visualization please communicate this experience to us. Translated Soul, LLC is a holistic health practice is a personal choice in self-discovery and personal transformation and evolution.

**Translated Soul  
Liability Waiver and Release**

I, \_\_\_\_\_, am here to inspire my own personal transformation. I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, Translated Soul LLC, Cindy C Fedele, and Stephen Fedele III. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying energy techniques and information learned from Cindy C Fedele, and Stephen Fedele III.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



**Translated Soul, LLC**  
**INFORMED CONSENT TO TREAT**

I hereby request and consent to the performance of energy healing modalities and treatments within the scope of the practice of Energy Work Practitioners on my (or on the patient named below, for I am legally responsible) by the Energy Practitioner named below, or another practitioner, working or associated with or serving as back-up for the Energy Practitioner named below, including those working as part of Translated Soul, LLC as listed below, whether signatories to this form or not.

I understand that methods of treatment may include but are not limited to: energy balancing and harmonization, reiki, intuition, chakra harmonization's, energy healing, past life, in-between and future life journeys, meditation, visualizations, hypnotherapy, counseling, and energy work. I will immediately notify my energy practitioner listed below of any unanticipated or unpleasant effects associated with any of the energy modalities applied.

I have been informed that energy medicine is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional, or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the energy practitioner to be able to anticipate and explain all possible risks and complications of energy treatment, and I wish to rely on the energy practitioner to exercise judgment during the course of treatment which the energy practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed.

I understand that all clinical information and records of energy healing treatments etc. will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of energy medicine and intuitive energy healing and other energy modalities, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my energy treatments for my present condition and for any future conditions(s) for which I seek any energy healing modalities.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Or Patient Representative): \_\_\_\_\_  
(Indicated relationship if signing for patient)