IMREIKINOW

KA Reiki Certification Consent & Disclaimer Form

Client Full Name:	
Course Name & Dates:	

I hereby give my consent to participate in this KA Reiki Certification Course and understand that the services provided by my chosen Reiki Master Teacher are intended to provide a standard level of competence for Reiki Certification at the specified level trained.

I understand completely that the services and information provided during this Reiki Certification Course are in no way a substitute for traditional medical treatment or advice. I am fully aware that I may not offer any diagnosis or recommend any Medical Treatment or Prescribed Medication. I understand that I must inform clients to continue to have regular medical check-ups as part of my overall personal health care plan; and they should contact their own certified and licensed medical physician/doctor/health care professional for any physical or psychological ailments or concerns that they may have in order to get proper medical advice.

I agree and understand that my participation in this Reiki Certification Course is voluntary and that at any time during the course I can choose to end my participation, but forfeit reimbursement of any fees paid. I also understand that as part of the “cleansing” part of the certification, I may experience 'self-healing reactions', such as fatigue, body aches, etc., during the 48 hours following any in-class attunements and or healing visualizations.

I understand that any information exchanged during certification is educational in nature and is to be used at my own discretion. I also understand that any information imparted by other trainees during this course that may be considered personal is strictly confidential and will not be shared with anyone.

Finally, I understand that by providing this informed Consent & Disclaimer I am assuming full responsibility for participating in this Reiki Certification Course and I hold harmless/release both my chosen KA Reiki Master Teacher and the facility/location where the services are provided. I also agree to continue to practice and educate myself to increase my level of expertise.

I agree to the terms and conditions set out by this Distant Reiki Treatment Consent Form and certify that the above information is true and correct.

Trainee Signature:	
Reiki Master Teacher Signature:	LaTanya L. Hill, JD, KA Reiki Master Teacher