



THE DANCING BEAR

TAROT & ORACLE

INFORMED CONSENT & LIABILITY WAIVER

Business Name: The Dancing Bear, LLC
Effective Date: June 21st, 2025

Nature of Services:

I acknowledge that I have been informed about the nature of the services provided by The Dancing Bear. These may include, but are not limited to:

- Reiki or Energy work
- Tarot or Oracle card readings
- Physical stretch services (tactile or guided)
- Sound baths or vibrational attunement
- Guided meditation
- Spiritual advice
- Body-Energy attunement
- Ritual work or ceremonial practice

These services are metaphysical and holistic in nature and are **not** intended to diagnose, treat, or cure any medical or psychological conditions. If the client attempts to move the session in this direction, the facilitator will remind the client that this is not within their scope of practice. If the client does not redirect, the facilitator may immediately stop the session.

Informed Consent:

I understand that:

- Services provided are complementary in nature and not a substitute for licensed medical, psychological, legal, or other professional care.
- Participation is voluntary and I may stop any session at any time.
- The practitioner is not a licensed therapist, counselor, or medical professional, and does not provide services that constitute medical or mental health treatment.
- The practitioner may terminate the service if the client is attempting to seek licensed medical, psychological, legal or other professional care.

I give my voluntary consent to receive services and participate in sessions.



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Payment and Scheduling:

- Payment must be rendered prior to the start of a session. Once sessions have started, refunds will not be issued.
- If you, the client, are 15 minutes or later to a scheduled session, The Dancing Bear reserves the right to cancel the remaining time of the scheduled session. Refunds will not be issued.
- If you need to reschedule, you must do so with at least 48 hours notice except in special circumstances. It is your responsibility to communicate this need with The Dancing Bear or its relative facilitators. You are then responsible for working out a rescheduled date with The Dancing Bear and its relative facilitators. If you cannot find a date that works, then your money will be refunded.
- If you attempt to reschedule within 48-hours of your session and you cannot find a date that will work, resulting in the cancellation of your session, The Dancing Bear will refund 50% of your session payment.

Liability Waiver:

I understand and agree that:

- I, the client, am fully responsible for my physical, emotional, and mental well-being before, during, and after all services. I will communicate this to my facilitator before, during, and after my session.
- The Dancing Bear, its owners, practitioners, staff, and volunteers are not liable for any decisions I make or outcomes I experience from participating in any session or service. This includes but is not limited to damages, losses, or personal injury incurred as a result of self-determination.
- I will notify the practitioner of any allergies, medical conditions, or sensitivities that may affect my participation.
- I release and discharge The Dancing Bear and all affiliated parties from any and all claims, demands, damages, or causes of action arising out of or connected with services rendered. This includes, but is not limited to all services as outlined on page 1, section 1 of this informed consent and liability waiver.
- Sessions of a metaphysical nature are subject to interpretation and are not supported by traditional medical practices. They are not legally binding and you are responsible for your choice to engage with these services. You, the client, may stop a session at any time.
- Sessions are at-will and you are not being forced or coerced into any sessions with The Dancing Bear or its relative facilitators.

Acknowledgment:

I have read and fully understand the above information and willingly agree to these terms.



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Client Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Client Signature:

Date: _____

Practitioner Signature :

Practitioner Name and Title:

Date: _____