

STARANA

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM

I, _____, hereby agree to the following:

I and/or family member are participating in sessions offered by Starana LLC, its owners, principals, agents, and employees during which I will receive guidance and instruction on meditation/visualization, calming breath practices, therapeutic yoga, Reiki, healing hands-on touch, and/or End of Life/Integrative Care doula support services. I give the practitioner full permission and license to work on my body and breath in such a way to create an environment for healing and balance to occur.

Starana's commitment to you is to provide you and/or your loved ones with the highest quality of care, support, guidance, information and resources. I understand that I am in charge of the plan of care, and any concerns on Starana's behalf, will be discussed with you. Starana will not make any independent decisions that deviate from the plan of care already established.

I understand that any physical, mental, and emotional relief or release is circumstantial in relation to the functions of the whole human being and is not the primary goal of the session(s). I accept and understand that any altered state (dizziness, lightheadedness) is common, and the client must take necessary precautions for a reasonable time period post-session. I release Starana LLC, its owners, principals, agents, and employees from all claims of non-disclosure and agree to be held responsible for my own healing.

I understand the practitioner does not claim to treat or diagnose any illness or disease state of the client. Starana's sessions are intended to work in conjunction with any other healing, surgical, and/or medical treatments the client is undergoing. Our work is not used as a substitute for medical treatment and/or diagnosis.

In further consideration, I knowingly, voluntarily, and expressly waive any and all claims or liability of any kind in relation or connection to my session(s) with Starana LLC, its owners, principals, agents, and employees; except in cases of gross negligence or malpractice.

CANCELLATION POLICY:

Sessions must be canceled **24 hours** in advance or the client will be charged the full rate of the session.

PAYMENT: Due at the time of service

I have read the above release and waiver of liability and cancellation policy and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Guardian Signature: _____

Date: _____