

Session agreement (for coaching and energetic work)

Client's name: _____

Name of the consultant:

Before the start of the session, I was made aware of the following points:

1. No diagnoses, therapies, treatments in the medical sense are carried out or any other medicine in the legal sense is exercised.
2. I know that has no medical knowledge or skills whatsoever. Therefore, I do not get the impression of being advised by a medical professional or in a medical sense.
3. The sessions cannot replace medical or medicinal treatment. considers collaboration with medical professionals to be very important. Therefore, under no circumstances should an ongoing treatment be interrupted or aborted, or a treatment that will be necessary in the future be postponed or omitted. Responsibility for seeking medical care rests entirely with me.
4. made no promises of healing, so no false hopes were raised in me.
5. It is my sole responsibility and decision to continue or discontinue the recovery service, as well as to agree or not about session procedures or suggested alternative recovery tools.
6. I have been made aware of what to expect in the sessions and specifically how the fee I pay is made up and calculated. Advance payments for more than one session will not be made.

Place and date: _____

Signature (in the case of minors, that of the legal guardian):
