

Reiki Master Immersion
A Journey in Self-empowerment

**PARTICIPANT AGREEMENT, RELEASE, AND
ASSUMPTION OF RISK**

Name _____

In consideration of the services of the **Reiki Master Immersion** affiliates: **Meg Sessions, Padmes Reiki Readings, Andrea McKibben, Rocky Mountain Lightworks**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as **RMI**), I hereby agree to release and discharge **RMI**, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand that Reiki is a simple, gentle, hands-on energy technique. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself.
2. I acknowledge that I understand this is a Reiki training, which includes self-reflection, practice sessions, and professional growth related to energetic healing. I acknowledge that I have choice about the level of my participation at all times and that although personal material may arise for me within the context of the training, I am responsible for my own well-being. If I feel the need arises for assistance of any kind, I will take action accordingly or request the appropriate resources.
3. I am aware that participants are asked to hold confidentiality of personal material disclosed in the training, but this cannot be guaranteed.
4. Privacy Notice: No information about any participant will be discussed or shared with any third party by RMI without written consent of the client or parent/guardian if the client is under 18.
5. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
6. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **RMI** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this training **including any such claims which allege negligent acts or omissions of RMI**.
7. Should **RMI** or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
8. I certify that I have adequate health insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
9. In the event that I file a lawsuit against **RMI**, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict

of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

10. I have read and understand the informed consent disclosure regarding Reiki Master Immersion Training offered by Meg Sessions and Andrea McKibben. I understand that they are not physicians, nor are they acting in the role as a psychotherapist during a Reiki session or during a Reiki class or workshop.

Additionally, I understand that this training is not licensed by the state of Colorado or nationally. I understand that Meg Sessions and Andrea McKibben are not trained to diagnose illness while serving in the role as a Reiki practitioners, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies. I have consented to use the training offered by Meg Sessions and Andrea McKibben and agree to be personally responsible for the fees in connection with the training they provide me.

Initials _____

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RMI on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Date: _____

Optional:

I hereby consent to the use of any program photograph, video/film, voice/quote as a result of my participation in this program and its use for publicizing, advertising and/or exhibiting this program in perpetuity by all media.

Signature of Participant: _____ Date: _____

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MEDICAL INFORMATION FORM

WHOM TO NOTIFY IN CASE OF EMERGENCY

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

PERSONAL DATA (*confidential*)

Name _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Email address _____

Do you have any specific medical conditions that we should be aware of that may impact your participation or membership in the Reiki Master Immersion training?

Are there any accommodations that you will need for this training?

In case of emergency, I understand that effort will be made to secure proper treatment. I hereby give permission for such treatment. I will personally guarantee any cost or other liability incurred during emergency evacuation or treatment.

Signature _____

Date _____