Gina Myers

Holistic Energy healer & Meditation Coach.

1350 Atlantic Shores Blvd. Hallandale Beach 33009

(305) 905-5529

The Spirit Compass Safety Agreement

I (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completely understand and agree, Gina Myers offers her best genuine skill set and professional opinion as an energy healer and consultant. I am fully aware are ready for respectful and gentle physical touch the energy healing industry uses, Therefore no performance of gentle touch can ever be considered inappropriate, I as the client has full verbal and nonverbal control to end the energy healing session for whatever reason. In addition, advice provided from consultant is not a replacement for seeking a professional doctor and taking prescriptions.

For safety minors under the age of 18 will be accompanied by a parent or legal overseer.

Exchange for servicing is paid in advance to show commitment to appointed time and lock in the session. Payment is made electronically using free, safe, and instant processing via Venmo(@ginam6), Chase(gmarie\_m6@yahoo.com), Cash app(Gigimarie6 ), or Zelle(Gmarie\_m6@yahoo.com). Cancellations within 24hrs prior to confirmed appointment will be held at your next availability.

Upon locking in your session, you will receive a preparation guide to assist in providing comfort and success for our session together.

Circle Yes or no

I have received reiki or other forms of energy healing before (Y / N)

I have a daily mind & body practice, Meditation, yoga, exercise (Y / N)

I am open to learning how to improve my mental, physical, and emotional health through natural herbs (Y / N)

I fall under one of these categories – I have allergies, asthma, seizures, epileptic, on medication (Y / N) If yes please elaborate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am comfortable with pictures being taken to be used in any format (Y / N)

I have read the above in detail and agree with safety conditions (Y / N)

Date :  
Print Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Legal Guardian, Print & Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_