

MENTAL HEALTH INFORMED CONSENT AND DISCLAIMER

I _____ acknowledge that in entering into this class and/or spiritual healing session
(Student/client name)

with _____, it is not a substitute for psychiatric, psychological or medical treatments,
(Teacher/practitioner name)

and that I am entering into this class and/or spiritual healing session of my own Free Will and am of sound body and mind at the time of making this decision.

Please initial each beside statement:

_____ I acknowledge that these teachings, healings and tools are not a substitute for psychiatric and psychological treatments. I also acknowledge that I am responsible for continuing any treatments (if any) prescribed by my psychologist, psychiatrist, or medical doctor including but not limited to therapy and medications. I will not consult Modern Mystery School practitioners and teachers in regards to mental health issues as they are not mental health practitioners. I consult Modern Mystery School practitioners for spiritual well-being, teachings, and practices.

_____ Although the tools and teachings of the Modern Mystery School are powerful, I acknowledge that results vary and come as a result of dedicated practices and diligence on my part.

With your signature below you acknowledge that you have read and understand the above statements and are in agreement.

STUDENT/CLIENT NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

SIGNATURE: _____ DATE: ____/____/____
M D Y

TEACHER/PRACTITIONER NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

WITNESS SIGNATURE: _____ DATE: ____/____/____
M D Y