

# *Sacred Witness Release Waiver*

Full Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way & time to be contacted? \_\_\_\_\_ Add to Indigo's emailing List: YES NO

## **Waiver for Private Sessions, Workshops, Classes, and Tours:**

I, \_\_\_\_\_, am choosing under my own self-dominion to participate in the activities organized by K. Indigo Rønlov, M.A., whether as a client, student, or tour participant. I understand that she does not diagnose conditions, prescribe substances, perform medical treatment, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailments I may have.

I also understand that I hold within me the wisdom help to heal myself when the physical, mental, emotional, and spiritual aspects are ministered to. Through my choice to meet with Indigo, whether in a class or in a private session, I acknowledge my intention to bring attention to my self-improvement and healing process, I understand that my time with Indigo is an aid to this process, but not a cure in and of itself.

That said, miracles do happen...

By signing here, I acknowledge that I understand and agree with the above statement, that I am under my own self-dominion, and that Indigo is not liable for any physical or psychological ailments I may have had, have, or may develop.

\_\_\_\_\_  
Signature / Printed Name / Date

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## **Image and Shared Experience Waiver for Workshops and Tours only:**

I, \_\_\_\_\_, hereby give K. Indigo Rønlov permission to use/share my image \_\_\_\_\_ (initial for approval) and/or share anonymous aspects of my experience \_\_\_\_\_ (initial for approval). This may be used in social media and website. Sharing will allow me to bring your experience forward to share in other groups anonymously.

\_\_\_\_\_  
Signature / Printed Name / Date