

Informed Consent

I understand that:

the services that Megan M Riley provides are alternative modalities these services are not considered a replacement or substitute for medical care or therapy in addition to these services provided by Megan M Riley, she recommends that I seek appropriate medical care and therapy at all times, and it is my responsibility to ascertain my need for medical care or therapy.

I understand that Megan M Riley is neither a licensed physician or medical professional nor a licensed psychologist or mental health professional and that she neither diagnoses, nor prescribes for, nor treats, cures or heals any physical, emotional, psychological or mental conditions and illnesses.

I accept responsibility for my physical, emotional, psychological, mental, and spiritual well-being and for my reactions and responses to any information presented in the services provided by Megan M Riley. I acknowledge that information obtained through these services (including but not limited to readings, classes or healings) are considered intuitive advice and simply that and is not intended to constitute professional, legal, medical, emotional, psychological, instructional, real estate or financial advice. I further acknowledge that actions taken based on the information obtained through these services are my responsibility. I understand that Megan M Riley makes no guarantees, expressed or implied, with respect to accuracy, relevancy, or quality of these services. Megan M Riley hereby disclaims any liability to any person or entity for any loss or damages (including, without limitation, physical, mental, special, indirect, incidental or consequential) based on any information, suggestion or advice provided during these services. I agree that the services provided by Megan M Riley, whether purchased for self or received as a gift, are subject to my own interpretation.

I understand that these services are offered only to those persons who are of legal age (determined to be 18 years of age) at the time of the booking of the session. If I am not of legal age, I will provide written consent from a parent or legal guardian in order for these services to be scheduled.

I further acknowledge and understand that any conversation had and information provided during these services shall be considered confidential and shall not be disclosed except as required by law.

I acknowledge that I have voluntarily agreed to participate in the services offered by Megan M Riley and request Megan M Riley to perform these services. I confirm in this Informed Consent the conditions of my participation in these services to be performed by Megan M Riley, am aware that this Informed Consent contains a release of liability and a contract between myself and Megan M Riley, and sign this Informed Consent of my own free will.

Name _____

Signature _____

Date _____