

# Release and Indemnity Form

To be completed once every 12 months. Grey box on Raindrop Log to be completed at **every** session.

**Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Name of Practitioner / Student Practitioner:** \_\_\_\_\_  
[Delete whichever is not applicable]

I, the above named of the above address acknowledge that I have requested one or more of the following types of session:

**Raindrop Technique**

**Egyptian Emotional Clearing Technique**

**AromaBliss Technique**

**VitaFlex Technique**

[Delete whichever is not applicable]

from the Practitioner/Student Practitioner (“the Practitioner”) and hereby acknowledge and confirm:

1. that the information contained in the Client History Form is correct;
2. that the technique being provided by my practitioner (“the technique”) is based on both the Client History Form and any associated information (written or verbal) provided by me to my practitioner;
3. that in the event that any of my personal, medical or mental health circumstances change over time I undertake to advise my Practitioner and acknowledge that failing to do so may result in unforeseen harm or injury;
4. that I understand that whilst every care will be taken by my practitioner in providing the technique to ensure no loss, injury or illness will result to me, I acknowledge that the human body can differ from person to person and unknown side effects or results may be experienced in certain individuals;
5. that I note that if I am currently taking pharmaceutical and/or natural medicines or supplements I accept that:
  - a. I have been advised that I take full responsibility for any adverse affects any conflict between my medication and the technique may cause;
  - b. I accept that I have had the opportunity prior to the session to seek medical advice from a medical professional regarding such conflict between medication and the technique, and either have already done so or have elected not to of my own free will with knowledge of the possibility of such adverse conflict occurring;
6. that based on the above, I to the full extent permitted by law, release and indemnify my Practitioner, it’s agent, Raindrop Australia, and any associated parties (“the indemnified”) in respect of any claim for any loss or damage whatsoever (including, without limitation, any consequential, indirect, special, punitive or incidental damages by reason of any act or omission, deliberate or negligent, by the indemnified) or for any personal injury suffered by me in connection with the technique. I understand I may be giving up legal rights and as such I have had the opportunity, prior to the technique commencing, to postpone my session to seek legal advice. This clause does not affect, and is not intended to affect, any rights a consumer might have, which are not able to be excluded under applicable Australian consumer protection laws.

Signed..... If under 18 years of age, requires parent or guardian name and signature.

Date.....

Witness Signature.....

Witness Full Name.....