RELEASE OF LIABILITY & CONSENT Form

Please read carefully - this affects your legal rights

In exchange for participation in Inner Space Techniques (IST) sessions, workshops, Vision Healing, and/or therapy sessions conducted in person or online by AnneMarie Ward (hereby known as AnneMarie or "my IST Practitioner"), and/or use of any property, facilities or services used or provided by AnneMarie Ward, I agree to the following:

Acknowledgment of Personal Responsibility

- I acknowledge that I am participating voluntarily and take full responsibility for my own physical, emotional, and mental well-being before, during, and after sessions.
- I understand that AnneMarie Ward is not a licensed medical doctor, psychiatrist, or psychotherapist, and that any discussions, techniques, or guidance provided are for personal development and self-exploration only. These sessions do not diagnose, treat, or cure any medical or psychological condition. The services provided by AnneMarie Ward are not licensed or regulated by the state of California or any other jurisdiction, including the United States, Europe, Asia, or South America.
- I confirm that I am of sound mind and able to make informed decisions about my participation in these activities.

Medical and Substance Use Disclosure

- I confirm that I am not currently experiencing a psychiatric crisis, have not been recently hospitalized for a psychiatric condition, and am not undergoing psychiatric treatment that would impair my ability to participate safely.
- I confirm that I am not under the influence of hard drugs, recreational drugs, plant medicines, or any substances (including prescription medications) that could impair my ability to safely participate. I confirm that I have not consumed recreational drugs, plant medicines, or any substances (including prescription medications) that could impair my participation within the past four weeks. Additionally, I have not consumed alcohol within the past 48 hours.
- I acknowledge that if I have any medical or psychological concerns, I am responsible for consulting a qualified healthcare provider and that AnneMarie Ward can not do private sessions with me.

Understanding of Risks and Consent to Participate

- I understand that deep emotional processes may arise during sessions, and I accept full responsibility for managing my personal reactions and seeking additional support if needed
- I recognize that there are certain risks associated with the above described activities, including the occurrence
 of emotionally disturbing and/or cathartic experiences which could be unsettling to my everyday life. Except in
 cases of gross negligence or intentional misconduct, I release and discharge AnneMarie Ward, her heirs,
 successors, executors, administrators, and assigns from any claims, liabilities, or damages arising from
 my participation in her sessions or from my presence at any facility where her services are provided.
- I acknowledge that certain techniques used in IST, Vision Healing, and meditation may involve physical touch. I consent to appropriate physical contact during sessions, with the understanding that I may withdraw this consent at any time by saying the word "STOP."
- I acknowledge that Inner Space Techniques, meditation and my IST Practitioner are only tools I employ to help me.
 I undertake services, suggestions and directions from AnneMarie with this in mind, and I fully acknowledge that
 I accept complete responsibility for my own psychological, mental, emotional, and spiritual well-being.

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Waiver of Liability

- I voluntarily release, discharge, and agree to hold harmless AnneMarie Ward from any and all claims, liabilities, or damages that may result from my participation, including but not limited to:
 - Emotional distress or psychological reactions to the sessions.
 - Accidental injury, harm, or unforeseen consequences related to participation.
 - Any perceived or actual outcomes related to the use of the techniques or advice provided.
- This waiver includes claims resulting from ordinary negligence but does not waive liability for intentional misconduct or gross negligence.
- Your sessions with AnneMarie are confidential. However, confidentiality may be breached if legally required (e.g., in response to a subpoena or court order) or if there is a clear and imminent risk of harm to yourself or others, in accordance with state and federal laws.

Late, Cancellation, and No-Show Policy

- For workshops, classes, and individual IST & Vision Healing sessions:
- If I cancel less than 24 hours in advance, I understand that the full session/workshop fee is non-refundable.
- For IST & Vision Healing private sessions only:
 - If I am more than 15 minutes late, I agree to pay a \$25 late fee for each additional 20-minute increment of delay.
 - If I arrive more than 1 hour late or fail to show up, I understand that my session fee is non-refundable.

Acknowledgment and Agreement

- I have read this document in its entirety, and I fully understand and agree to its terms. I acknowledge that I am signing this agreement freely and voluntarily. I further understand that by signing, I am waiving legal rights.

Participant Name	 	
Participant Signature		
Date		
Emergency Contact Name		
Emergency Contact Phone		

(AnneMarie Ward is also referred to as 'IST Practitioner' and 'AnneMarie' within this document, all relate to the same person and company; all outlined conditions and obligations apply.)