VEDICWAY.COM **Liability Waiver**

Please note that the aim of the consultation is to provide spiritual counseling and does not intend to substitute medical, legal, or other professional advice. The client bears full responsibility for any actions resulting from their interpretation of the consultation.

All clients Vedicway.com are required to agree to and sign the following Liability Waiver form:

**Welcome to VEDICWAY.COM !**

 Name
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Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below I acknowledge and agree that:

 - I have voluntarily requested Vedic astrology or Ayurvedic educational sessions provided by Marianna Polonsky.

- Marianna Polonsky does not diagnose conditions, prescribe medications or provide medical treatments.

- The aim of the consultation is to provide spiritual counseling and does not intend to

 Substitute medical, legal, financial or other professional advice.

-The client bears full responsibility for any actions resulting from their interpretation of the consultation.

-I understand   the predictions are not 100% guaranteed due to the Law of Karma, which states that our good and/or bad actions can affect the outcome of events in our destiny and will not hold the practitioner responsible for any outcome of events or results which are different that I expected.

- I understand the services offered today and going forward are not a substitute for medical care.  I understand the practitioner is not qualified to diagnose, prescribe or treat mental illness.  The advices offered are for purely spiritual purposes and are meant to promote well being through advice from the spiritual realm.

- The sole purpose of consultation is to gain access to the self for the benefit of examining, healing and moving past areas or issues that have arisen in daily life.

- I hold Marianna Polonsky, harmless and free of all liability during my participation in consultation .

- Marianna Polonsky has right to refuse services to anyone.

- By signing this release, I hereby waive and release Marianna Polonsky from any and all liability, past, present and future relating to services obtained.

- I have received the policy statement and have read and agree to the policies therein.

Signature  or Initials
Date
Signed
Printed Name

Please, send this form to vedicway108@yahoo.com