

Release and Waiver

For the purpose of this Waiver, the term "Releasee" refers to any or all of the following persons:

1. Name of practitioner: Eva Lang
2. Name of organisation, company or legal entity: Origin of Mind
3. The employees, volunteers and/or partners of Eva Lang and/or Origin of Mind.

I, _____ ("the Releaser"), understand and acknowledge that the talk(s), consultation(s), and Origin of Mind session(s) I receive are

- a) not intended to replace any relationship I may have with my physician and/or primary health care provider;
- b) not intended to constitute medical advice or a substitute for medical care;
- c) not intended to be relied upon for prescriptions, recommendations, diagnoses or treatments in relation to any health problem or disease;

I understand that an Origin of Mind session may include physical touch intended to support me on my journey and that I have the right to refuse touch by using the word "stop".

I understand that I must inform Eva Lang if I am taking medication or have health problems such as: Schizophrenia, bipolar disorder, epilepsy, heart problems, eye disease or pregnancy.

I acknowledge that I have sought medical advice regarding any physical, mental or emotional condition that may impair my judgement or affect my physical health in any way during or after an Origin of Mind session.

I am encouraged by Eva Lang to make my health care decisions in collaboration with my physician and/or primary health care provider(s) based on my own research regarding the effectiveness of Origin of Mind sessions and the importance of nutrition, exercise, supplementation, stress management and emotional and mental work.

I understand that the course leader Eva Lang is currently still in training.

I understand and acknowledge that when I conduct an Origin of Mind session with Eva Lang, I do so at my own risk.

I act on behalf of myself, my heirs and my successors in title and release Eva Lang from all actions, causes of action, complaints, claims, damages, costs and expenses of any kind arising out of the conversations, consultations and/or Origin of Mind sessions.

Name of the client: _____

Signature of the client: _____

Place and date: _____