

# HUMAN BEING TRAINING, INC.

PO Box 2941, Atascadero, CA 93423 | amanda@humanbeingtraining.com | 805.680.8541

---

## ***Inner Voice Amplification™ Coaching***

### **Client Information and Consent Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Best Time to Call \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Referral \_\_\_\_\_

In signing this waiver, I understand that healing sessions and spiritual guidance provided by **AMANDA PARKER LAMBERT** and **HUMAN BEING TRAINING, INC.** (hereinafter collectively referred to as "*Ms. Lambert/HBT*") are for the purpose of stress reduction, relaxation, and spiritual development. I understand clearly that a healing session or spiritual counseling provided by Ms. Lambert/HBT are not a substitute for medical or psychological diagnosis and treatment. As a spiritual healer and minister, Ms. Lambert/HBT does not prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. *Individual healing manifests in different ways and a particular outcome is not guaranteed.* By entering into this agreement with Ms. Lambert/HBT and participating in this and any future healing sessions, I understand that I am taking charge and responsibility for my personal spiritual healing.

I am voluntarily participating in this session and accept complete responsibility for my own psychological, mental, emotional, and spiritual well-being. In consideration of my voluntary participation in this and future sessions, I release, discharge, waive, and forever relinquish Ms. Lambert/HBT from any and all claims, known or unknown, arising from or connected to my participation or involvement in this or future sessions.

I agree that in the event any claim for damages shall be prosecuted by Ms. Lambert/HBT or as a result of my acts or omissions, that I, or my estate, shall indemnify and save harmless Ms. Lambert/HBT from any and all claims, including the costs and expense (including attorney's fees) of defending the same. I understand that sessions are confidential and shall not be disclosed except required by law. I have carefully read and fully understand this Agreement. I am aware that this Agreement constitutes a contract between myself and Ms. Lambert/HBT and contains a release of liability on behalf of myself and my assigns, heirs, executors, guardians, and other legal representatives.

In addition, should I choose to purchase a series of sessions with Ms. Lambert/HBT, I agree to complete the series and be responsible for the required work except when either: 1) after performing the work Ms. Lambert/HBT suggests, I do not feel that I'm receiving reasonable personal benefit or 2) Ms. Lambert/HBT determines that I am not participating responsibly and in a manner that will support such personal benefit.

I have read, accept, and agree to abide by the terms and conditions listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date