

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

OCCUPATION _____

HOME PHONE _____

EMAIL _____

CLIENT AGREEMENT

GENERAL RELEASE PRIOR TO INTUITIVE SESSION

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that all information gained from this intuitive reading is for educational and entertainment purposes only, and is not meant to be a substitute for professional medical attention or used to treat or diagnose diseases. In any use of this reading, apply common sense and consult a qualified, licensed health care professional.

I understand that the information imparted is not a substitute for medical treatment. For any medical problems, it is important for me to see a physician, especially if I have received medical treatment, am currently being treated for any condition, or am contemplating changes that could affect my health.

There are no guarantees and no refunds.

I have read the above statements and in no way hold Linda Radford responsible for any actions I may take because of information shared during this intuitive session and hereby releases Linda Radford from all liability.

Check box to agree