OMEGA Rhinebeck, New York

**NOTE: YOU DO NOT NEED TO SIGN OR RETURN THIS COPY.
YOU WILL BE ASKED TO SIGN AN IDENTICAL WAIVER ON THE
FIRST DAY OF THE WORKSHOP.**

Student Responsibility Agreement

VortexHealing® is a very powerful healing art. Therefore, it is to be expected that various situations can arise from studying or practicing this healing art. Certain problems, either physical or emotional, may be alleviated. Deep mystical experiences can occur, as well as life-change realizations. But sometimes, suppressed emotions or physical tensions may receive enough healing energy to be pushed to surface, so they can be released or resolved, and this process may create various emotional or physical symptoms. Deep healing is a process that is *intended* to create changes in one's life, and those changes can manifest physically, emotionally and spiritually. It is all part of the healing process.

The undersigned acknowledges that they have read and understood the above paragraph and:

Agree (a) that neither VortexHealing, Inc nor the teachers of VortexHealing are responsible for any individual symptoms that may arise as a result of taking VortexHealing classes or practicing VortexHealing, (b) that they will take personal responsibility for whatever physical or emotional symptoms may arise as part of the healing process of taking VortexHealing classes or practicing VortexHealing, (c) that they will adhere both to the basic Code of Ethics for VortexHealing practitioners if they are doing healings on others, and to the Class Drug-Use Policy while attending class (both the Code & Policy are presented in class and posted online), (d) that class tuitions are not for any transmissions or awakening movements that may occur in class (which are provided by the divine source of the lineage), but are simply for the teacher's time and (e) that VortexHealing teachers are neither medical practitioners nor psychotherapists. Although they may comment on the nature of body energetics and consciousness in relation to disease and mental health, it is understood that these comments are not intended as advice for any course of action for any medical or mental health issues that the undersigned or their clients may have.

_____

Print your name

_____ _____/_____/_____

Signature *Date*