



Jen's Healing Energy Inc.

Name, First and Last: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail: _____ Cell: _____

Reason for Visit:

Service: _____

How did you hear about Jen's Healing Energy Inc? (Instagram, Website, Word of Mouth, etc.)

If Jen was recommended to you, who recommended her? _____

Terms & Conditions:

I understand that my success depends on my own commitment to improving the situation that brings me here. I realize that Jennifer Sarasky Morales is not diagnosing or prescribing for any physical or mental ailments, and do not hold her responsible for them. I release Jennifer Sarasky Morales from any liability whatsoever regarding my sessions, for entertainment services only, with her. I authorize that this release form will apply to all future appointments as well.

Cancellation Policy:

I understand that to book a service I will be required to pay a 50% deposit. If I need to reschedule or cancel my appointment, I must contact Jen's Healing Energy 24 hours before my scheduled appointment, if I fail to do so I will lose my deposit. I recognize that appointments canceled on time can be rescheduled with my deposit reapplied. I understand that the cancellation policy is non-negotiable.

Signature: _____

Date: _____

Authorized Signature: _____

Date: _____