



ANTONIA MARIA
FOUNDATION

Waiver

This form is an important legal document. It explains the assumption of any and all risks in deciding to follow the advice or insight of Antonia Bilardo, who operates as an advising consultant. It is critical that you read and understand it completely. After you have done so, please print your name and sign in the spaces provided at the bottom.

The Process, Training, and Licensure

Antonia Bilardo is in private practice for the purpose of providing support using Energy Healing, Spiritual and Intuitive Guidance, Coaching, Consulting via mind-body-spirit healing “Techniques.” Each session is an exciting and revealing experience that unfolds. Listening to the energetic messages of the body, intuition, and Spirit, Antonia Bilardo uses various mind-body-spirit “Techniques” including but not limited to energy healing, guided meditation, visualization, spiritual and intuitive guidance, and conversation.

The idea behind the mind-body-spirit healing “Techniques” is to support the client to connect to his or her body’s innate wisdom and intuition. These healing services and “Techniques” have both benefits and risks. Potential benefits include releasing emotional and physical pain and limiting beliefs, finding it easier to break free of stagnating patterns, and embracing a more awakened, healthier, joyous life—one that is in alignment with the client’s potential. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration) or the recall of unpleasant events in one’s life. It may be likely, but not always the case, to experience tiredness or an increase in energy in the first few days following a session.

Antonia Bilardo has practiced energy healing, spiritual and intuitive guidance, coaching, consulting since 2013. She is a non-denominational ordained minister, has a Bachelor’s degree in Social Work and Sociology and holds certifications and/or trainings in Shamanism, Rain drop Therapy, Angel Card Readings, Reiki and The 7 Foundations (Native American Medicine).

Cancellation

Since the scheduling of an appointment involves the reservation of time specifically for you, **a minimum 24 hours notice is required for rescheduling or canceling an appointment.** The full fee will be charged for sessions missed without such notification. Refunds will be made if sessions are cancelled according to policy. Phone sessions may be offered in place of in person sessions when canceling for a non-serious but contagious illness.

Fees

Services are provided at the rate advertised or discussed for the time spent together. Payment due at the time of service. A \$20 late fee may apply if payment is not received on time. Antonia Bilardo reserves the right to increase rates at any time.

Privacy

Please note that there are certain limitations for sessions or communications conducted using telecommunications (e.g. phone, Skype, Facetime, VSee, etc.). The Internet, mobile or wireless phones, and email may not always be entirely private; therefore Antonia Bilardo cannot control, or be held liable for the outcome. However, she will do her best to maintain privacy.

Waiver, Informed Consent, and Covenant Not to Sue

I acknowledge that I have read and understood sections entitled, The Process, Training, and Licensure, Cancellation, Fees, and Privacy described above. I recognize that this is not psychotherapy and Antonia Bilardo is not a licensed physician and in no way does Antonia Bilardo provide legal, medical, or psychotherapeutic advice and it is my responsibility to secure such advisement. I acknowledge and agree that I assume the risks associated with any and all activities, classes and/or programs in which I (or my child) participate.

I hereby acknowledge I (or my child) has volunteered to participate in a paid or unpaid session(s), class(es), workshop(s), or program(s) with Antonia Bilardo, to include, but also may not be limited to, any and all services provided, such as energy healing, spiritual and intuitive guidance, coaching, consulting, classes, programs, products, and workshop attendance. In consideration of Antonia Bilardo's agreement to instruct, guide, assist, advise, or train me, I do here and forever release and discharge and hereby hold harmless Antonia Bilardo, and her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my (or my child's) participation in a session(s) or

purchase or any program(s) WITHOUT LIMITATION, WHICH MAY OCCUR AS A RESULT OF following advice tendered and released or training rendered or use of facilities during a session or event.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I (or my child) will achieve from any insight or program. I understand that results are individual and may vary. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or mental health practitioner for medical or psychological problems and concerns. I have consented to use the services offered by Antonia Bilardo, and agree to be personally responsible for the fees of Antonia Bilardo in connection with the services provided to me.

In order to use my services, New Jersey state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. Antonia Bilardo will keep the original in her records for at least three years.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Antonia Bilardo from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ANTONIA BILARDO FOR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Print: _____ Date: _____

Sign: _____