



Full Body Restoration through Advanced Bio
Frequency Therapy with Kimberly Keele

RELEASE OF ALL LIABILITY

In exchange of **the fee paid by you, Life Vibrations/Kim Keele delivers** service assisting you in mind, body, spirit integration through the use of modalities that may include, but not limited to: rife bio frequency scans, private consultations, hands on healing, wellness coaching, and energy work.

You, the participant, hereby agree to assume all risks associated with any outcome resulting from your participation in Life Vibrations services by Kim Keele. Side effects may include, but not limited to: emotional release, lightheadedness, mild fatigue, physical tingling, and change in body temperature.

All information and mental or physical activity or guidance and direction are provided during programs, sessions, scans or consultations to enhance the well-being of you, the participant. It is my responsibility, as participant, to inform the practitioner, Kim Keele if any discomfort should arise. It is my responsibility, as participant, to notify the practitioner Kim Keele ahead of treatment of any pre-existing medical conditions, injuries, or electrical medical devices.

By signing this Waiver and Release of liability you agree that Life Vibrations/ Kim Keele shall not be responsible for any negative consequence of any kind which is claimed to result from:

1. your participation in any of these programs, scans, sessions, activities or consultations; or
2. from the use of any information learned or obtained during these programs, scans, sessions, activities or consultations, including, but not limited to, rife bio frequency scans, private consultations, hands on healing, wellness coaching, and energy work.

By signing this Waiver and Release of liability you, the participant understand:

1. the **RIFE Bio Frequency Session** you will receive is provided for the basic purpose of assisting the body through speedy recovery of illness, injury or surgery, and aids the body when fighting major illness. You, the participant further understand that a **RIFE Bio Frequency Session** should not be construed as a substitute for medical examination, diagnosis, or treatment and that You, the participant should see a physician, chiropractor, or other qualified medical specialist for mental or physical ailment.
2. a **RIFE Bio Frequency Session** can be contraindicated under certain conditions, you, the participant affirms that you have stated all my known medical conditions and answered all questions honestly. You, the participant agrees to keep provider Kim Keele updated as to any changes on intake form.

By signing this Waiver and Release you further agree not to assert any legal claims of any kind in any form against Life Vibrations/Kim Keele on any asserted negative consequence resulting from your participation in these programs, scans, sessions, activities or consultations.

Client Signature: _____

Print Name: _____

Date: _____