

Shamanic Journey Session Consent Form

Full Name

Date of Birth

Email Address

Phone Number

Session Information

Session Date

Consent

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I understand that a Shamanic Journey Session is a spiritual practice and not a substitute for medical or psychological treatment.

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I acknowledge that my participation in this session is voluntary and I can withdraw at any time.

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I understand that all information shared will remain confidential except as required by law.

Health Information

Relevant medical, psychological, or mental health conditions

Intentions or goals for this session

Signature

Date