



SPIRITUAL GUIDANCE AND ENERGY WORK

DECLARATION OF CONSENT

Name _____ Date of birth _____

Address _____

Email _____

Phone Number _____

I hereby confirm that ...

... I agree that photos/videos in which I am visible may be published and used for advertising purposes.

... my personal data as well as health-related information collected in the course of the energetic treatment/spiritual guidance may, if necessary, be documented in writing and stored for internal purposes. I have the right to revoke my consent at any time by email or in writing.

... I do not suffer from any medical condition. Should this not be the case, I will inform Angelika Guttmann before the energetic treatment/spiritual guidance.

... I have voluntarily come to Angelika Guttmann for treatment and have been informed about the procedure and contents of the treatment. The methods offered serve, among other things, to activate my self-healing abilities and to enhance my well-being.

I am aware that this treatment does not replace medical or therapeutic care. Any ongoing medical or therapeutic treatment must therefore not be interrupted, postponed, or discontinued.

Relevant health-related or medical information must be disclosed to Angelika Guttmann before the energetic treatment or spiritual guidance.

I confirm that, before the start of a sound healing session or sound bath, I will inform Angelika Guttmann of any existing pregnancy, dementia, epilepsy, heart problems, a pacemaker, implants (e.g. prostheses), recent operations, as well as any inflammations.

With my signature, I confirm that I have read and understood the above-mentioned contents, that I agree to them, and that the information I have provided is complete, correct, and truthful.

Place, Date

Signature