

Acknowledgment and Waiver of Liability

I, _____, hereby certify and agree as follows:
I accept full responsibility for my health and voluntarily complete this Acknowledgment and Waiver of Liability.

I certify that I am seeking the consultation and healing services of Bob Harris, M.A. and/or Catriona O’Curry, M.A., A.B.S. and BobCat Integrative Consulting for alternative healing suggestions and sessions, which I fully understand are not psychological diagnoses or treatments or substitutes for psychological diagnoses or treatments.

I certify that with respect to any psychological conditions or concerns I may have, I have been advised to consult with my personal care physician, and understand that Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S. are not psychotherapists, and I do not view them as my psychotherapists. Their practice specializes in a wholistic and integrative approach to healing including, but not limited to, dialogue, guided meditation, Cranio Sacral Therapy and energy work. I understand that neither Bob Harris nor Catriona O’Curry handle medical or psychological emergencies. I also understand that Bob and Catriona are not practicing as family therapists, counselors, or psychotherapists

In seeking to become a client of Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S., and therefore BobCat Integrative Consulting, I understand I am seeking interpretations and/or advice that may not be offered by practicing psychotherapists (or counselors or family therapists), and which may be considered alternative. These include, but are not limited to, meditation, yoga, breathing techniques, Core Energetic work, conflict resolution skills training, and Energy Balancing techniques.

I understand and agree that neither Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S. nor BobCat Integrative Consulting make any claims whatsoever, expressed or implied, regarding effects or outcomes of the analyses or treatments provided, and shall not be liable for same. I certify that I seek the advice and treatment of Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S. and BobCat Integrative Consulting solely in my personal capacity, and do not represent any governmental agency, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit.

I understand and agree on behalf of myself, my dependents, heirs, administrators, legal representatives, and assigns, to release and hold harmless Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S., BobCat Integrative Consulting, and any and all associates, employees, agents and representatives thereof, from any and all liability for illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my consultation with and/or treatment by Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S. and/or BobCat Integrative Consulting. Without limitation, I understand and agree that neither Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S., BobCat Integrative Consulting, nor any associates, employees, agents or representatives thereof, is liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, delay, or inconvenience of any kind which may be occasioned by reason of any act or omission, including, without limitation, any willful or negligent act or failure to act, or breach of contract.

My signature below indicates that I have carefully read and reviewed this Acknowledgment and Waiver of Liability, and I fully understand all of its terms and conditions; I recognize and accept all risks and limitations involved in seeking advice, coaching, consulting, energy work, or mentoring from Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S., BobCat Integrative Consulting and associates, employees, agents and representatives thereof; I have not relied upon any other promises, agreements or representations by Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S., BobCat Integrative Consulting, or any associates, employees, agents or representatives thereof concerning the treatment provided or the terms of this Acknowledgment and Waiver of Liability; I have been encouraged by Bob Harris, M.A. or Catriona O’Curry, M.A., A.B.S. and BobCat Integrative Consulting to seek the advice of legal counsel concerning this Acknowledgment and Waiver of Liability; and I execute and deliver this Acknowledgment and Waiver of Liability freely and voluntarily and without duress or coercion and with full knowledge of the representations contained herein and the rights relinquished, surrendered, released and discharged hereunder.

My signature below also indicates that I am agreeing to the cancellation policy of Bob Harris, M.A., Catriona O’Curry M.A., A.B.S and BobCat Integrative Consulting, that requires a 24 hour cancellation notice or I will be responsible for the full payment of the session.

UNDERSTOOD, ACCEPTED AND AGREED

Client’s Signature Client’s Name (printed) Date

Witness’ Signature Witness’ Name (printed) Date