



Liability Waiver and Release

I _____, am here to inspire my own personal transformation. I take personal responsibility for my well being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against Andora's Healing Light, LLC (Andora's Enterprises Inc). Andora Lorick-Faust and and/or any of their associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying energy techniques and information learned from Andora Lorick-Faust (Andora's Enterprises Inc.), and/or any of their associates or affiliates.

I have carefully read this agreement and fully understand it's content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will. I am 18 years of age or older.

Client Signature _____ Date _____

Printed Name _____

Address _____

Day Phone _____ Cell Phone _____

Email _____