



Body Scan, Emotion Code, Heart-Wall, Body Code, and Belief Code Informed Consent & Disclaimer

I consent to receive a Body Scan, Emotion Code, Heart-Wall, and Body Code session(s) provided by the Certified Practitioners at Journey to Wellness Healing Center. I understand that I may discontinue a session at any time.

I understand that the purpose of each of these modalities is:

- **Body Scan:** I understand that this is an energetic scan of whether my vital organs/glands are happy, and not whether they are functioning properly, if I have any toxins, heavy metals, or pathogens present, and if my chakras and meridians are happy. I understand that what comes up during a Body Scan is for that moment only and those answers could change various times throughout the day or even after a session is performed.
- **Emotion Code:** I understand that an Emotion Code session is looking for trapped emotions in your body or energy field, that may be causing physical ailments, mental imbalances, or holding you back from meeting goals. I understand the goal of decoding and releasing these trapped emotions is to restore balance back to my body, so my body's innate ability to heal itself is strengthened.
- **Heart-Wall:** I understand that a Heart-Wall session is looking to decode trapped emotions that have built an energetic wall around my heart. I understand that the goal of finding and releasing these Heart-Wall emotions is to fully open myself to love, and be loved, and experience life to the fullest.
- **Body Code:** I understand that a Body Code session is looking to find misalignments and other imbalances in my body that may need to be released, realigned, reset, or reevaluated. I understand that anything that comes up as recommendations during a session (essential oils, nutrition suggestions, etc.) is my responsibility to research further to determine if it's something I want to incorporate into my life. I understand that the goal of correcting these misalignments and imbalances is to bring my body back to a state of balance, so it can get back to its own healing processes.
- **Belief Code:** I understand that a Belief Code session is looking to decode a negative belief system that needs to be released. I understand that the goal of finding and fully releasing these negative belief systems is to free my mind, body, and spirit so I can create space for new, empowering beliefs.

I understand that everyone's healing journey is personal and that I may or may not experience relief immediately and it may take more than one session to start experiencing improvements in my symptoms.

I understand that a Body Scan, Emotion Code, Heart-Wall, or Body Code session(s) are not a substitute for medical care and that Kim Holmes and Katelin Ison are not licensed medical professionals (doctors or therapists) and they will not give me medical or psychological advice or treatment.



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I understand that the information I receive during these sessions are not to be used as a medical diagnosis or treatment and I should always seek advice from a licensed medical and/or mental health professional and should follow their advice, and if I choose not to, that the practitioners at Journey to Wellness Healing Center cannot be held liable.

I understand that it is my personal responsibility for to take full accountability for my own health and well-being and assume all risks associate with healing.

I understand that 20% of clients experience “processing symptoms” after a session. These symptoms could include feeling “echoes” of emotions that were released, fatigue, irritability, sensitivity, swelling, or other temporary physical or emotional discomfort. This is normal and will dissipate after 1-3 days.

Liability Waiver

I waive any right to hold Kim Holmes and Katelin Ison with Journey to Wellness Healing Center liable for harm or perceived harm that may result from these healing services.

Indemnity Clause

I agree to indemnify and hold harmless Kim Holmes and Katelin Ison with Journey to Wellness Healing Center if I cause harm to anyone else as a result of these healing services.

I have read and understand the Informed Consent & Disclaimer.

Yes No

I have read and understand the Liability Waiver.

Yes No

I have read and understand the Indemnity Clause.

Yes No

Print Name: _____

Signature: _____

Date: _____

Witness: _____