

Release and Waiver for Intuitive Services by Patty Davis

I work as a conduit between you and spirit and interpret and share that information with you to the best of my ability. Intuitive counseling is an art, not a science. Therefore, impression and information that comes through during a session may or may not come to manifest into physical reality. Reasons for that can include free will, personal responsibility and our personal experience and karma. I discuss and focus on possibilities, not certainties. In sessions involving unborn children: often times I will sense the beauty and energy of a spirit that may be around us whether or not it is in a viable body. Therefore I do not hold myself liable for determining the accuracy of; the pregnancy, its viability or the gender involved.

My ability to contact loved ones that have passed is dependent on many factors including the will, ability and desire of the spirit to connect with us at that particular time and space. I ask spirit for information that is positive, helpful and appropriate to you and your life at this time. I do not make predictions. Spirit comes through uniquely for each individual and there is no guarantee that I will be able to address each of your questions or collect information on your specific needs. The fee I charge does not rely on a clients personal opinion of the success of that session. You are paying for an hour of my time which includes a gift that I was born with, thirteen plus years of training and experience.

While spirit may offer tools and suggestions to aid you in your personal journey, it is your sole responsibility and decision on whether or not to consider, follow, act on or accept this information.

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By signing below, I acknowledge that Patty Davis is an Intuitive Counselor and further acknowledge that she is not a medical doctor or mental health practitioner, and accordingly will not provide me with medical advice or psychological advice. I will rely on my own medical practitioner or mental health professional for any medical or psychological care and advice.

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Name Phone Number

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Signature Date