



Shanon Dawn Life Coach & Author

## **Client Liability Release Form**

By signing below, I acknowledge and agree that:

Shanon Dawn does not prescribe medications or provide medical treatments and is not a replacement for conventional medical diagnosis or treatment.

I release Shanon Dawn from all legal liability during my personal participation with the Life Coach sessions.

All information received through any session with Shanon Dawn, is accepted with full knowledge that any action taken by you as a result of the information received is your complete responsibility.

Please Print Name

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Signature

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Address \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_

Phone # \_\_\_\_\_

Recommended by \_\_\_\_\_