



Coherence Intensives

CONSENT FORM

Participation Agreement & Informed Consent

This agreement is here to create clarity, safety, and shared understanding so our work together may unfold in trust and coherence.

Please read fully before signing.

Nature of the Work

Coherence Intensives are immersive, one-on-one experiences designed to support nervous system regulation, somatic integration, embodied awareness and personal insight.

Sessions may include:

- Somatic awareness practices
- Breath and nervous system regulation
- Nervous system entrainment sessions
- Guided coaching and reflective dialogue
- Gentle, supportive touch
- Vocal toning, intuitive sound expression or light language

These experiences are educational and experiential in nature.

Coherence Intensives are not psychotherapy, medical treatment, physical therapy, or licensed mental health care. They do not diagnose, treat, or cure medical or psychological conditions.

If you are experiencing a medical or psychological emergency, please seek appropriate licensed support.

Voluntary Participation & Personal Responsibility

Your participation is entirely voluntary.

You may pause, decline, or modify any practice or process at any time. Clear communication is welcomed and encouraged.

Deep somatic and integrative work can bring forward emotions, memories, physical sensations or shifts in awareness. While often relieving and clarifying, these experiences may occasionally feel intense or unexpected.

By participating, you acknowledge:

- You are responsible for communicating your needs and boundaries.
- You are responsible for your interpretation and integration of your experience.
- You understand that growth-oriented work can involve temporary discomfort.

Touch Consent

Some sessions include gentle, supportive light touches particularly along the spine and back, intended to support nervous system regulation and embodied awareness.



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Health Acknowledgment

You affirm that you have disclosed any relevant physical, emotional, or psychological conditions that may impact your participation.

You understand that you are responsible for consulting licensed healthcare providers regarding your health conditions and determining whether this experience is appropriate for you.

Assumption of Risk & Release of Liability

Participation in somatic and integrative practices involves inherent risks, including but not limited to emotional release, temporary fatigue, physical discomfort or shifts in awareness.

By signing this agreement, you voluntarily assume full responsibility for your participation and release Amanda Lalita Love and Body Mind Alchemy LLC from liability for any claims arising from participation, except in cases of gross negligence.

Confidentiality

All personal information shared during sessions will be held in confidence, except where disclosure is required by law.

Payment & Cancellation Policy

Payment is due in full 1 week prior to intensive start date. Accepted payment methods are credit card, check or cash. All major credit cards are accepted. Payment can be made over the phone or in person.

Coherence Intensives are reserved exclusively for you and require preparation, energetic commitment and dedicated time.

- Cancellations or requests to reschedule must be made at least 72 hours prior to your scheduled start time.
- Cancellations within the 72 hour window will result in forfeiture of the full session fee.
- Exceptions due to illness or emergency considered at discretion with the option to reschedule the intensive.

Agreement

By signing below, you acknowledge that you have read, understood, and agree to the terms outlined above. You enter this experience willingly and with personal responsibility.

Name: _____

Signature: _____

Date: _____