

AKASHIC CONSULTATION

Akashic Recorders Consultation Consent Form:

I grant permission for Scharlemann Klapste to open the Akashic records on my behalf and convey to me the information and energy that will serve my highest good at this time. I understand that all information given during this session is granted according to my desire to more fully understand and integrate my divine expression. I accept full responsibility for how I choose to utilize the information gained from the Akashic Records.

I understand completely that this is not Psychotherapy and that Scharlemann Klapste is not giving information as a therapist but as a spiritual consultant for the Akashic Records.

I understand this consultation is not intended to be a substitute for profession psychological care or professional medical care.

I understand that all information that comes from my Akashic Consultation will be kept confidential, as well as my identity and any identifying information about me, unless I give written permission.

I understand my signature will also be an energetically and legally binding agreement

I understand that my signature indicates an acknowledgement and acceptance of information to the above conditions.

Full Current Name (first, middle, last):

Date of Birth:

Full Name at Birth (first, middle, last):

Place of Birth (city, state, country)

Signature: _____ **Date** _____