

TRUST IN MIRACLES' WAIVER ©

My credit card payment and or signature is an acknowledgement that I have read and agreed to the Trust In Miracles' Waiver

YOUR BIRTHRIGHT: HEALTH, HAPPINESS AND PROSPERITY!

I acknowledge Trust In Miracles' sessions* are for spiritual purposes only and are in no way intended to replace the treatment, advice and services of my medical practitioner. I understand Renée does not diagnose medical conditions and simply provides a portal for me to access the healing power of Loving Intelligence. I am open to experiencing this loving force shifting my vibrational frequency, helping me to align with pure positive energy. I acknowledge low frequency energies of emotional or physical distress can be easily released because they cannot co-exist with high vibrational states.

I further understand that since this is not a medical or nutritional program, no drugs or supplements are prescribed.

Because I am co-creating my healing experience with Renée and the Creator, I understand any healing I receive is solely the result of my personal participation and acceptance of Divine Intervention and Miracles.

I hereby absolve Renée Swisko, her staff and associates sponsoring Trust In Miracles, or Trust In Miracles, Inc or Trust In Miracles Publishing, LLC of any responsibility in connection with unresolved mental and or physical illness. I agree not to sue Renée Swisko, her staff or associates sponsoring Trust In Miracles or Trust In Miracles, Inc or Trust In Miracles, Publishing, LLC for any liabilities or negative conditions I may have incurred before or after receiving Trust In Miracles Services.

I understand my credit card will be charged at the end of my private sessions with my agreement. I therefore agree not to expect any refunds for private sessions at a later date. I do understand refunds are available upon request for any single group healing session within 30 days of participating.

In addition, I am aware that Renée has a long list of clients. Therefore I agree to notify Trust In Miracles at least 24 hours prior to any private session that I have to cancel.

I also certify that I am not an agent of the Federal or State Government nor am I here for any other purpose than to receive Renée's services on my own behalf for the betterment of my personal well-being.

I hereby declare that I have read and understood the above.

SIGNED: _____ DATE: _____

Print Name: _____

***Renée's sessions include:**

- One-on-one in person
- One-on-one by phone
- Group healings in person
- Group healings via teleconference calls
- Personal and group via radio
- Audio and video tape healings
- Internet group healings