

ANNEXURE - C

CLIENT CONSENT & RISK ACKNOWLEDGEMENT

This Consent Form is to be presented by the Consultant to each Client prior to the start of their first session. It ensures informed participation and risk awareness regarding alternative healing practices.

I, _____ (Client Name), hereby acknowledge and consent as follows:

1. I understand that the session I am availing is based on alternative wellness practices such as energy healing, manifestation, emotional support, or related holistic methods.
2. I acknowledge that this service does not constitute medical, psychological, or psychiatric treatment and is not a substitute for licensed clinical or professional advice.
3. I confirm that I am voluntarily availing this service and take full responsibility for any decisions or interpretations resulting from the session.
4. I understand that outcomes vary and no guarantees or claims have been made by the Consultant or AlterBuddy regarding effectiveness.
5. I give permission for this session to be recorded for internal quality, training, and legal purposes as per the platform policy.
6. I agree to not hold the Consultant or AlterBuddy responsible for any dissatisfaction, mental, emotional, or situational outcomes arising out of the session.

Signed on this ____ day of _____, 2025

Email of Client: _____

Name: _____

Signature of Consultant: _____

Name: _____