

Personal Self-Discovery Session Agreement

I _____, a willing participant in the Personal Self-Discovery Session(s) with Amy and/or John Camie (Guide), fully understand this session is not a therapy, counseling, or any form of professional psychological service.

I further understand and agree that:

- the Guide of this session is not a professionally licensed therapist, counselor, or social worker – they offer guidance based upon their personal experiences and insights.
- the purpose of each session is to help empower me to make conscious choices that support my personal physical, emotional, mental, spiritual, and creative well-being.
- I am personally responsible for my own experiences within each session, and if I need something, I will ask.
- emotion is “energy in motion” and if I feel energy moving within me, the Guide in this session will take an appropriate amount of time to allow me to feel and express it.
- all information shared within each session is sacred and confidential and will not be shared outside of each session without my permission.
- the purchase of additional products/resources may be suggested by the Guide if they feel these resources could assist in achieving my desired outcomes. These resources include but are not limited to: music, Conscious Self-Care on-line courses, doTERRA natural products and essential oils, Patreon monthly access, and health coaching support.
- payment for each session will be made at time of service via Paypal or Venmo:
<https://www.paypal.com/paypalme/bluestarproductions>
<https://venmo.com/amycamie>
- checks can be mailed to:
Blue Star Productions, 1041 Wappapello Lane, St. Louis, MO 63146
- I will have access to a list of licensed therapists and counselors if I desire further professional assistance.

I fully understand each of the above-mentioned items and agree this signed Agreement applies to all present and future Personal Self-Discovery Sessions with Amy and/or John Camie.

Signature

Date

Printed Name

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in a Personal Self-Discovery Session with Amy and/or John Camie (Guide), I represent, that I understand the nature of this session and that I am qualified, in good health, and in proper physical, emotional, and mental condition to participate in such session.

I acknowledge that if I believe the session conditions are unsafe, I will immediately discontinue participating in the session. I fully understand that this session involves risks of bringing to conscious awareness certain emotions and beliefs, including traumas which may be caused by my own action, or inactions, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for any damages I may incur as a result of my participation in the session.

I hereby release, discharge, and covenant not to sue **Blue Star Productions, Inc., Amy Camie, John Camie** its respective administrators, directors, officers, and/or employees (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence or the "Releases", including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Date of Birth: _____

Address: _____
Street City State Zip

Phone #: () _____ - _____ Email: _____

Signature of Participant: _____

Date: _____