Reiki Energy Programs

Eden Prairie Community Center
16700 Valley View Road
Eden Prairie, MN 55346
edenprairie.org/Reiki

Please complete this packet in its entirety and submit with payment.

Contact the Fitness Supervisor with any questions: Megan Munoz, mmunoz@edenprairie.org, 952-949-8402

Today's Date: _____

Name: _____

Email Address: _____

Phone Number: _____

Practitioner Preference: ◯ **Male** ◯ **Female** **Name:** _____

Preferred Days/Times to Meet: _____

REIKI PACKAGES

Payment in full must be received with this packet. All sessions expire 1 year from the date of purchase. Unused sessions are not refundable. Reiki sessions are 60 minutes, which include approximately 10 minutes each of pre-session and post-session discussion and 40 minutes of Reiki energy therapy.

	Members	Non-members
□ **1 session**	$65	$85
□ **3 sessions**	$180	$240
□ **5 sessions**	$275	$375
□ **10 sessions**	$500	$600

I would prefer to meet with my Reiki practitioner:

☐ Once a week
☐ Every other week
☐ Once a month
☐ As needed

Using essential oils/scents:
(this can change with each session)
□ I'm ok with oils/scents
□ I prefer not to have oils/scents used
□ Some oils/scents are ok, but not all oils/scents
□ Let's discuss

Using hands-on or hover techniques
(this can change with each session)
□ I'm ok with light touch
□ I prefer hands-off/hover techniques
□ Some hands-on is ok, but not for all chakras
□ Let's discuss

For Office Use:
Attach Receipt

CS Initial: _____

Date: _____

Please fill out the following questionnaire as completely and accurately as possible. All information on this form will be treated as strictly confidential. This information is used to help your Reiki practitioner develop a program that addresses your needs, goals, and interests.

PERSONAL INFORMATION

Participant Name: _____ Date of Birth: _____ / _____ / _____
M D Y

Address: _____
Street

_____
City State Zip

Sex (circle): Male Female Age: _____ Height: _____ Weight: _____

Emergency Contact Name: _____ Phone: _____

GOALS

What are your Reiki goals? Check all that apply.

- ☐ Manage stress
- ☐ Mental stress
- ☐ Emotional stress
- ☐ Environmental stress
- ☐ Reduce physical pain or tension
- ☐ Reduce anxiety or depression
- ☐ Reduce fatigue
- ☐ Increase relaxation
- ☐ Promote general well-being
- ☐ Balance internal energy flow
- ☐ Clear chakras

☐ Other _____

PHYSICAL AND MENTAL HEALTH

Are you currently experiencing or have you recently experienced any of the following:

- ☐ Anxiety or depression _____
- ☐ Back or joint pain _____
- ☐ High blood pressure _____
- ☐ Panic attacks _____
- ☐ Schizophrenia _____
- ☐ Pacemaker _____

Are you receiving other treatments for any of these conditions (Reiki is not a substitute for, but is considered complementary to, any medical or mental health treatments)? _____

_____

Are there any major stressors currently affecting your mental, emotional or physical health (i.e. work-induced stress, lifestyle changes, experiencing a period of uncertainty, physical ailments or injuries, etc.)? _____

_____

Are there any specific physical, emotional or health-related issues you would like the Reiki session to address?

_____

PARTICIPANT RELEASE & KNOWLEDGE OF AGREEMENT

I, _____, wish to participate in a Reiki energy program offered by the Eden Prairie Community Center (EPCC). I agree that EPCC, the City of Eden Prairie and its agents shall not be liable nor responsible for any physical, mental or emotional distress resulting from my participation (whether at EPCC, home, outside, in another facility or virtually), and I expressly release and discharge EPCC, the City of Eden Prairie, employees, agents and/or assigns from all claims, actions, judgments, etc. which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury, distress or other damage that may occur in connection with my participation in a Reiki energy program, excepting only an injury caused by the gross negligence or intentional act of such person. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read, understand and agree _____ (initial)

I certify that the answers to the questions outlined in the physical and mental health section are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered "yes" to any question indicating a potential risk factor. I understand that it is my responsibility to inform my Reiki practitioner of any conditions or changes in health that might affect my ability to participate safely with minimal risk of injury.

I have read, understand and agree _____ (initial)

I understand that I am under no obligation to perform nor participate in any Reiki activity that I do not wish to do, and it is my right to refuse such participation at any time during my sessions. I understand that the Reiki process may involve light touch by my Reiki practitioner and/or the use of energy tools or instruments. I understand that if I am feeling uncomfortable, lightheaded, faint, nauseated or experience pain, I am to stop the activity and inform my Reiki practitioner immediately.

I have read, understand and agree _____ (initial)

I understand that all rates are based on 60-minute sessions, which include pre- and post-session discussion time, and should I arrive late, there is no guarantee that I will receive the full session with my Reiki practitioner. If my Reiki practitioner is late for a session, I will still receive the full session time. I understand that EPCC operates on a scheduled appointment basis and requires that I provide 24 hours notice when canceling a session. Should I cancel a session with less than 24 hours notice, I may be charged for the full session.

I have read, understand and agree _____ (initial)

I understand that EPCC bills its Reiki clients on a pre-pay basis and that payment must be made before the sessions are conducted. I understand that Reiki sessions are non-transferable and non-refundable. I understand that all Reiki sessions must be redeemed within one year of purchase.

I have read, understand and agree _____ (initial)

I understand that should my Reiki practitioner become ill, injured or is on vacation, I may request another Reiki practitioner to be assigned to me so that I can continue my Reiki program. I also understand that in the event that my Reiki practitioner is no longer employed by EPCC, I will be assigned another Reiki practitioner to lead my Reiki sessions.

I have read, understand and agree _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Client Signature: _____ Date: _____

Parent/Guardian Signature (if client is under 18): _____ Date: _____