**Intimacy Coaching & Tantric Massage:**

**Intake & Waiver for Yoni Owners**

Rachel assures 100% professional confidentiality.

Please provide some brief responses to the questions below. This information will help guide the session and allow you to get the most out of it.

**Contact Information**

Mobile number:

**Health & Medical**

* Do you have any allergies (incl. coconut oil/almond/macadamia oil, essential oils, incense)?
* Do you have any scarring or pain inside your vagina from giving birth or from anything else?

* Describe any current medications/supplements, pre-existing medical conditions, injuries or areas on your body that are sensitive that may affect your session.
* Describe any other body pain I need to know about.
* Do you have any active STD/STIs? If so which one/s and describe any current treatment. (This is for transparency & practitioner safety & does not exclude you from a session).
* Are you currently pregnant?

**Sexual & Intimacy**

* What word do you use to refer to your genitals (e.g., vagina, pussy, yoni)?
* What is your experience with G-spot massage and/or female ejaculation?
* Do you have a history of sexual abuse or trauma? Please briefly share as much as is comfortable and confirm if you have sufficient self-regulation skills to be with any trauma that may surface during/after the session (See FAQ for scope of my offering).
* (Optional) Wonderful or difficult things from my sexual/sensual HISTORY I want you to know are:
* (Optional) Wonderful or difficult things about my CURRENT sexuality/sensuality I want you to know are:

**Intention & Needs**

* If you have a partner/s, do they know about this tantric bodywork session, and are they supportive?
* Identify your main intention/s for Tantric Bodywork (e.g., enhance intimacy skills, let go of sexual shame, curious about tantra, deepen connection with body or pleasure, bring spark into relationship etc.)
* Is there anything else you would like me to know ahead of the session?

**Agreement & Waiver**

I understand and agree to all of the following:

1. I understand that all sexual touch will be given only at my request and solely for my own benefit, education and pleasure.

2. I understand that Rachel does not act as a surrogate partner and touching is one-way from Rachel to client. No exceptions.

3. I agree to not consume illegal drugs, alcohol, medications that alter my state of consciousness or unsafe dosages of medications before I attend my session.

4. I understand that hygienic protocols will be used, including vinyl gloves for genital touch.

5. I understand that the services offered are not a substitute for medical or psychological care and I am engaging in this service strictly at my own risk. I understand that my practitioner is not qualified to diagnose, prescribe, or treat physical or mental illness. It is my responsibility to consult my primary healthcare provider before beginning any alternative therapy, techniques or protocols.

6. I have notified my practitioner of all known psychological and medical conditions, injuries, areas of the body that are sensitive or experiencing pain or discomfort, as well as any known allergies. I will update the practitioner of any changes in my health status.

7. I am in full acknowledgement that I am in command of my session, any physical touch will not start until I say “Begin”. At any point during this work I can say ‘Pause’ or ‘Stop’ and have those directions immediately respected. The session will not resume again until I say ‘Begin’.

8. I declare that I am above the age of 18 years.

9. By signing this release, I hereby waive, release and hold harmless my practitioner for any direct, indirect, inconsequential, special, exemplary or other losses or damages or injuries that may result from my receipt of services, now or in the future, foreseen or unforeseen, including my travelling to and from this treatment.

[ ]  I have read and agree to the terms above.

(please check box).

Name:

Date: