

**winter robinson | disclaimer form**

Thank you for inquiring about the subtle energy scan of the body. I refer to these as "medical" readings because the questions and answers center on the subtle energies in and around the body being "read" and usually pertain to a physical ailment that the person is experiencing. Spiritual readings, by contrast, focus on "life or spiritual" issues which may or may not affect the body's state of health. To ensure a clear understanding that the information given in these readings should only be used in conjunction with (and never in place of) information obtained from a licensed MD, or health professional, I must insist that you sign and date this disclaimer *before* I can do the reading for you. I hope you understand my insistence, given our culture's current obsession with the legal system. Please print and complete the disclaimer form below, signing and dating it where indicated. Then return the form to me along with a check in the amount of \$150.00 (U.S. Funds) made out to Winter Robinson.

Include with this form the questions you would like for me to address. Be as specific as you can. (Just as an astrologer uses your birthdate to read your natal chart, I use questions to fine tune the information.) The information will not be limited to the questions asked. On occasion I may ask my husband to read the questions to me.

As soon as I have received the form and your check, I will place your name on my schedule.

Return disclaimer, questions and check (or paypal) to:

Winter Robinson  
149 Simpson Road  
Buxton, Maine 04093-6201

thank you,  
**Winter**  
winter robinson

**Disclaimer**

I understand that an intuitive reading by Winter Robinson is based on analysis of my energy fields, is spiritual in nature, and is to be used for informational purposes only. I understand that an intuitive reading is not a substitute for medical or psychological diagnosis and treatment. Winter Robinson is not a licensed medical practitioner, does not diagnose conditions, does not perform medical treatment, does not prescribe substances, and does not interfere with the treatment of a client by a licensed medical professional.

I agree that I bear the responsibility for any decision I may take based on the information provided to me by Winter Robinson.

I further agree that Winter Robinson shall not be liable to anyone for any loss or injury resulting from the direct or indirect use of such information, and shall not be liable for any decision made or action taken by me or others in reliance upon such information. Winter Robinson obtains information from various sources which she believes to be reasonably reliable. However, she makes no claims, representations, or warranties as to the information's completeness, accuracy, currency, or reliability.

Finally, I understand that it is recommended that I see a physician or a licensed healthcare professional for any physical or psychological ailment I may have

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-mail Address \_\_\_\_\_

Mailing Address: (If different from the location of the client to be read, please also give the location of the client. I use this to remotely locate the physical body.)

\_\_\_\_\_  
\_\_\_\_\_