

**Crystal Soul Reading Consultation  
By Audra Schmeckpeper  
Consent Form**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By using Audra Schmeckpeper Crystal Soul Reading consultation you agree to these conditions listed below.

Please read.

The consultation is intended to offer insight into your personal life and does not in any way constitute medical, legal, tax or financial advice. She will not be held responsible for any and all actions, decisions based on the session, including any and all limitations, actual, incidental, and or otherwise.

All sessions are for entertainment purposes only.

By filling out this form you agree to all of the above.

Please email a signed copy to [audraschmeck@gmail.com](mailto:audraschmeck@gmail.com) prior to consultation.

Thank you,  
Audra Schmeck