

Akashic Record Reading Contract

Jen Eramith, MA

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I grant permission for Jen Eramith to access the Akashic Records on my behalf and convey to me the information that will serve my highest expression at this time. I understand that all information revealed to me during this session will be granted according to my desire to more fully understand and integrate my divine expression. I accept full responsibility for how I choose to utilize the information gained from the Akashic Records. If I choose to share the information that is conveyed during this session with others, I understand that I am responsible for the consequences of their receiving the information as it is explained and interpreted by me.

I understand that Jen will operate with the intention to benefit my highest and best potential. Jen will also communicate honestly and openly about what is found in my Akashic Records in regard to my questions. I understand that all information that comes from my Akashic Records will be kept confidential by Jen, as will my identity and any identifying information about me regarding my work with Jen, unless I give written permission for it to be shared.

I understand that my signature indicates an energetically and legally binding agreement to the above conditions.

Name

(Please use your full name as you define it.)

Signature

Date

Name and Signature of Parent or Guardian (if under 18 years of age)