



Akashic Records Consultation Agreement  
Doinita Ward  
( phone) (954) 707-0920  
[doinitaward@gmail.com](mailto:doinitaward@gmail.com)  
[www.doinitaward.com](http://www.doinitaward.com)



I grant permission for Doinita Ward to access the Akashic Records on my behalf and convey to me the information and energies that will serve my highest good at this time. I understand that all information given to me during this session is 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 granted from the Akashic Records.

I understand that all information that comes from my Akashic Records will be kept confidential, as will my identity and any identifying information about me, 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.

-----  
Full Current Name ( first, middle, & last )

-----  
Date and Time of Birth

-----  
Full Name at Birth ( first, middle, & last )

-----  
Place of Birth (city, state, & country)

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

-----  
Signature

-----  
Date