HYPNOSIS CLIENT RELEASE FORM

Client Information:

Name Phone

Address, City, State, Zip code

Email

ACKNOWLEDGEMENT AND CONSENT

I (The Client) understand and agree to the following.

1) NATURE OF HYPNOSIS

I understand that hypnosis is not a form of medical or psychological treatment. And is not intended to diagnose, treat, or cure physical and mental conditions.

2) VOLUNTARY PARTICIPATION

I understand that tandem hypnosis is a collaborative process and that my participation is voluntary. I agree to communicate openly with the hypnotist to achieve the best results.

3) RESULTS

I understand that results may vary from person to person, and that no specific outcomes or guarantees are provided.

4) CONFIDENTIALITY

I understand that all the information shared during hypnosis and coaching sessions will remail confidential unless I provide written consent to release it as required per law (E.g. in case of harm to self or others)

5) RELEASE OF LIABILITY

I release and discharge the hypnotist,

and their practice from any and all claims of liabilities resulting from my participation in hypnosis. I acknowledge that I am responsible to seek medical and psychological advice as needed and that hypnosis is not a substitute for professional healthcare.

6) DISCLOSURE

I certify that I have informed the hypnotist of any medical or psychological conditions that could affect my participation in hypnosis.

7) AGREEMENT

By signing this form, I consent that I have read, understood, and agreed to the terms above. I consent to participate in hypnosis sessions conducted by:

“The Hypnotist

Client Signature and Date

Hypnotist Signature and Date

Emergency Contact