



Client Information and Agreement Form

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|---|----------------------------------|---------------------------------|
| Session Date: | Click or tap to enter a date. | |
| Name: | Click or tap here to enter text. | |
| Date of Birth: | Click or tap here to enter text. | |
| Address: | Click or tap here to enter text. | |
| Sex (M) <input type="checkbox"/> (F) <input type="checkbox"/> | Age: Enter Here | Marital status: Choose an item. |
| Occupation: | Click or tap here to enter text. | |
| Number of children: | Click or tap here to enter text. | |
| Have you ever been hypnotized before? | Click or tap here to enter text. | |
| Do you have difficulty in hearing? | Click or tap here to enter text. | |
| The reason for your Hypnosis Session? | Click here to enter answer | |
| How did you hear about us? | Choose an item. | |

I voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Shelley Sewart, who is going to perform hypnosis, is not a doctor, does not have a degree in Psychiatry, and can neither diagnose nor treat any type of physical or mental disorder.

1. I am participating in hypnosis by my own choice because I want to be here.
2. I understand that I am not a patient, but a co-operator my hypnosis experience.
3. I understand that any suggestion that is made during this session is only a part of a personal and educational motivational program, and is only informative.
4. I understand that my progress here involves how I care for myself physically, mentally, emotionally, and spiritually.
5. I understand that this hypnosis session is exclusively for educational or emotional reasons. It is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist.
6. I understand that transformation is a process and that it can take time.

* **DISCLAIMER:** Hypnosis is not intended to cure any specific condition. I make absolutely no claims of a cure for any disease. Individual results may vary. Each session is unique and its success depends on your cooperation and faith in the process.



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1. **I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress techniques.** I am aware that these modalities are spiritual-based and non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. **I understand the above modalities are not substitutes for regular medical care** and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new, or existing medical conditions.
3. **I understand that being hypnotized is not being asleep.** During a deep hypnotic trance, you can open your eyes, speak, laugh, walk and you may be aware of everything that happens around you. You can even open your eyes and think it is not working and are not hypnotized. But when you allow those feelings or thoughts that come to your mind to flow freely as Shelley Sewart speaks to you, you will relax and remember forgotten events in this life or past a past life.
4. **I understand that change is my own and complete responsibility.** I understand **all healing is self-healing** and that Shelley Sewart is only a facilitator in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest provide accurate feedback and be forthcoming with details information that may help achieve my outcomes.
5. **I understand that our session will be recorded for my later use** and that Shelley Sewart retains the copyright of these recordings. I also understand that in these types of metaphysical sessions the energy in the room can affect the equipment and recording resulting in static and blank recordings.
6. I understand that often in Hypnosis Sessions, Universal information is provided through the client to benefit all of humanity. **I agree to allow Shelley Sewart to share this information** and any accompanying story either on video or written forms and blogs or books as long as my first and/or last name and all personal relevant details are omitted and/or changed.

I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperation relationship that will employ hypnotic techniques, regression, and any other appropriate modality by Shelley Sewart. Therefore, I do hereby release and discharge Shelley Sewart for all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I have received and read this client information and agreement form and understand what I have read.

Signature: _____ Date: [Click or tap to enter a date.](#)

I have received my training through the Quantum Healing Hypnosis Academy.
All sales are final and no refunds will be given.