**Client Intake/Waiver**

What is Introspective Hypnosis?

It is a method that combines Ericksonian hypnosis techniques, enhanced by spirituality and the dynamics of forgiveness, to achieve behavioral changes, and facilitate the resolution of psychosomatic issues. This process can be used to resolve various behaviors, such as phobias, fears, anger, sadness, anxiety, anorexia, bulimia, low self-esteem, insecurities, complexes, migraines, obesity, OCD and addictions.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by my own free will, sign this waiver and accept all risks and I am perfectly aware that Christy Major will be the person conducting the sessions associated with hypnosis. Christy Major **is NOT a Licensed Physician, NOR is she a licensed Psychiatrist and she CANNOT diagnose NOR treat any type of physical or mental disorder**. I fully understand that these hypnosis sessions are solely for educational and/or emotional enrichment. I also understand that any suggestions made during any session are part of a personal motivational or educational goal and it’s only of informational character. Christy Major DOES NOT pretend to be a Licensed Professional in Medicine or in any medical field and she is NOT a Mental Health Professional.

With this document, **I waive any claim to personal injury liability that may be the end result of any hypnosis session**. I also agree that Christy Major assumes **NO** responsibility for the results of this session, **NOR** does she guarantee its outcome or effectiveness.

**I certify that I am a competent adult of legal age and I assume all risks and complete responsibility in the final outcome of this session.** I am also voluntarily signing this consent form with my Full Legal Name. This waiver and acceptance of risk is effective as of today and it **can’t be revoked, altered, modified, annulled or invalidated, without the prior written consent of Christy Major**.

**Session Date and Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

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

**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_

**Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client’s Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL NAME of Parent Or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If the client is underage, the Parent’s or legal guardian’s signature is required for legal consent of treatment).

**CONSENT TO AUDIO AND OR VIDEO RECORDINGS**

By signing this document, I understand that this, as well as any future sessions, will be recorded by audio and/or video means. This is strictly for safety purposes and will also serve as a learning tool. At the end of each session, I understand I will receive a copy of any audio and/or video recordings made and the original recording will become the exclusive property of Christy Major. These recordings will be held with strict confidentiality, except when the client **AGREES** that the session can be used for one of the purposes listed below.

Christy Major will NOT be held responsible and is free of any liability due to damages caused through the unlawful use of any audio and/or video recordings made during any sessions, if posted or published on the Internet, by the Client or third parties associated with or related to the Client.

|  |  |
| --- | --- |
| **Purpose:** | **Initial** |
| I **do not** consent to any use of this video beyond my own personal use.  |  |
| I **do consent** to the following uses (as indicated by my initials) of this video: |
| In whole or in part, for Social Media\* (ANNONYMOUS, Face distorted for protection.) |  |
| In whole or in part, for Social Media\* (FIRST NAME ONLY, Face not distorted.) |  |
| In whole or in part, for Social Media\* in the form of a Narrative of the session, either in summary form or read verbatim. (ANNONYMOUS) |  |
| In whole or in part, for Social Media\* in the form of a Narrative of the session, either in summary form or read verbatim. (FIRST NAME ONLY) |  |

\*Social Media refers to: YouTube, TikTok, Instagram, Podcasts)

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_