**HYPNOSIS DISCLOSURE FORM**

**Waiver of Liability**

On this \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the Client), agree to release STEPHANIE HUNTER (the Practitioner), of any responsibility or injury occurring from my hypnosis session(s).

**Disclaimer**

The Clinical Hypnosis Guide is neither a trained mental health nor a medical practitioner. At no time will you Hypnosis Practitioner attempt to provide medical or mental health therapy. You affirm that hypnosis is appropriate for you and does not conflict with existing medical or psychiatric treatment. Always seek out and follow the advice of your physician or other professional medical practitioner before considering alternative treatment.

**Warranty**

No warranty is given, expressed or implied, for satisfactory results from your hypnosis session(s).

**Methods used**

The Hypnosis Practitioner employs hypnosis techniques which are designed to facilitate the client’s quest for self-improvement and relaxation. Specific additional techniques may include: Body Relaxation, Directed Meditation, Age Regression and Guided Imagery.

**Training and Certification**

Hypnosis Session provided by: Stephanie Hunter

Trained in Hypnosis by Wellness Canada School of Hypnosis.

[www.wellnesscanada.ca](http://www.wellnesscanada.ca)

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(Printed Name of Client) (Signature of client)

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.