

Cross Conscious Hypnosis LLC - Insurance Waiver Form

Dear Client:

Due to the potential for injuries and/or side effects in all types of physical exercise or diet changes, it is strongly suggested that every client participating in a personalized Life & Fitness regimen be covered by an insurance policy. There are many excellent insurance plans which cover these types of issues. However, there are some clients who are not covered but still wish to participate. For these clients, it is suggested that they try to purchase a coverage plan from an insurance carrier.

Cross Conscious Hypnosis LLC does have a catastrophic insurance plan, but this does not cover injuries or illnesses clients may experience while following details of any type of training or diet plan on their own time.

Taking the above information into consideration, Cross Conscious Hypnosis LLC is offering a waiver for the clients whereby they may certify that they are sufficiently covered and that no additional insurance is necessary. This form must be signed by the clients (parents or legal guardian of minors).

Every client must have a waiver on file in order to participate.

-Cross Conscious Hypnosis LLC

PLEASE CHOOSE ONE AND SIGN BELOW

I/We certify that _____ (name of client) am sufficiently covered by insurance.

I/We certify that _____ (name of client) am not covered by insurance.

In case of injury or illness, no claims will be made to Cross Conscious Hypnosis LLC. I realize that there is no client coverage from the provider for exercise or dietary related issues.

Client or Parent/Legal Guardian _____

Date _____

INSURANCE COMPANY _____ POLICY # _____