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ARTFLOZEN STUDIO WAIVER OF RESPONSIBILITY

I, _____, in full use of my mental capacities, assume responsibility for the outcome of my training and classes.

I understand that this program is not therapy and does not replace medical treatment or prescribed medication.

I understand that the outcome of the training depends on my commitment, discipline, and application of the learned material.

If I experience a relapse or fail to apply the learned strategies in my daily life, I agree not to hold ARTFLOZEN STUDIO or its facilitators responsible.

I acknowledge that my progress depends on my personal decisions and sustained effort.

Name: _____

Client Signature: _____

Date: _____