



Liability Release Wavier and Information Disclosure

Dear Client,

Hypnosis is a wonderful tool to create change. The success of hypnotherapy depends on your participation and willingness to achieve goals. One session may be effective enough for you to achieve your goal. Yet, it may be unrealistic to think that all circumstances, in which were created and compounded over the lifetime, can be resolved in one session. Multiple sessions may be required to create the desired change. Under hypnosis you cannot be made to do anything that you do not truly desire to do or do anything that violates your moral or religious beliefs. Restore 1 Energy uses different types of hypnosis to help set specific goals and gives suggestions to achieve them as well as overcome personal challenges.

Hypnotherapy offered at Restore 1 Energy is a non-medical, non-chemical, non-invasive, alternative therapy to promote change in order to enhance health and wellness. We do not diagnosis nor prescribe medication and hypnotherapy is not intended to replace medical care. Consult with your physician before making any changes to your prescribed medication or treatment. We reserve the right to record sessions for our records. All client records/materials are kept confidential.

Payment is due when services are rendered. Returned check fees of \$35 will be added to any checks returned by the bank. Restore 1 Energy reserves the right to refuse treatment to anyone at any time. Anyone under the influence of alcohol or drugs at the time of their scheduled appointment will be charged the full amount of the session and the session will be terminated. Cancellation or appointment changes must be made at least 48 hours in advance. Excerpt for extreme emergencies, you agree to pay for any missed appointments if the 48 hour notice is not given and your appointment time cannot be filled.

I agree to hold harmless and for myself, my heirs or my assignees, Kindal Marshall, Restore 1 Energy and any associates, including but not limited to landlords or hosts for any reason as a result of my participation in this program(s) Any relevant medical problems have been disclosed above.

Client's Signature

Date

Parent/Guardian Signature (for Minors)