

## Responsibilities and Liability Release

1. I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. I understand that change is my own and complete responsibility. I understand that ALL HEALING IS SELF HEALING and that \_\_\_\_\_ is only a “facilitator” in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self in regard to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the BQH facilitator, but from my own higher being.
5. I understand that my facilitator may elect NOT to proceed with the session if she/he feels it is not in their or your best interest to do so. My facilitator is NOT liable for travel costs (airline, hotel, etc.) associated with declining a session.
6. I understand that our session will be digitally recorded for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.
7. I am of legal age and understand I am entering into a cooperative relationship of my own free will. I accept that I am a willing participant in this cooperative relationship that will employ hypnotic techniques, regression, NLP and any other appropriate modality by the acting facilitator. Therefore, I do hereby release and discharge *The Soul Journeys* and the acting facilitator from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I have received and read this Client Information and Agreement Form and understand what I have read:

Client full name (print): \_\_\_\_\_

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Client Signature

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Place/Date