

RTT - Waiver Form

Liability

I, _____, hereby release **Julia Eakes** from any liability or claims that could be made against (him/her) concerning my mental and/or physical well-being during the work that has been outlined and agreed upon (now and in the future) by filling out this form.

Scope of Practice

I understand that **Julia Eakes** is a licensed Marriage and Family Therapist and this RTT session is not a therapy session. Hypnosis should not be considered a replacement for the advice and/or services, of a psychiatrist, psychologist, psychotherapist, or doctor.

Participation

I give **Julia Eakes** full permission to hypnotize me and to use Rapid Transformational Therapy knowing that by participating fully in the process and by listening to my personalized recording for 21 days I play an important role in my overall success.

Guarantee

I understand that although Rapid Transformational Therapy has an incredibly high success rate, **Julia Eakes** cannot and does not guarantee results since my own personal success depends on many factors that **Julia Eakes** has no control over, including my willingness and desire to affect the changes inside of myself.

Audio Recording(s)

I give **Julia Eakes** full permission to make audio recordings that may include my voice. I understand that if a recording (or recordings) are made during or after my

session(s) **Julia Eakes** retains full copyright over any forms of media that may be produced and distributed to me.

Deepening Process

I hereby grant permission to **Julia Eakes** to respectfully lift my arm, touch my shoulder, or rock my head during my Rapid Transformational session(s) in order to help facilitate the deepening process.

Confidentiality

By signing this form, I consent that **Julia Eakes** may release information to a specific individual or agency if it has been determined that a child or elder is at risk of or is currently being abused; if I, as a client, am in imminent danger to myself or others; or if a subpoena of records has been requested.

I also understand that, at any time, **Julia Eakes** may discuss aspects of my case with other colleagues keeping my full name and identity completely confidential always unless I have given permission otherwise.

Full Name _____

Signature _____

Date _____