

## Client Agreement Form

Session Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you find out about Karuna Chinchkhede?

\_\_\_\_\_

Have you ever been hypnotized before? \_\_\_\_\_

Do you have any difficulty hearing? \_\_\_\_\_

The reason for wanting a Quantum Healing Session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I voluntarily agree to sign this agreement and assumption of risks, because I fully understand that Karuna Chinchkhede, who is going to perform quantum healing hypnosis session, is not a doctor, nor has a degree in Psychiatry, and can neither diagnose nor treat any type of physical or mental disorder.

- I am participating in quantum healing hypnosis session by my own choice.
- I understand that I am not a patient, but a co-operator in the total experience.
- I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.
- I understand that this hypnosis session is exclusively for educational or emotional reasons. It is not intended to be in any way used as medical or psychological advice.
- I understand that transformation is a process and that it can take time.

\* **DISCLAIMER:** Hypnosis is not intended to cure any specific condition and is not a substitute for appropriate medical attention. I make absolutely no claims of a cure for any disease. Individual results may vary. Each session is unique and its success depends on your cooperation and faith in the process.

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### Client Responsibilities and Liability Release.

**I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques.** I am aware that these modalities are spiritual-based and 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.

**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.

I understand that **ALL HEALING IS SELF HEALING** and that Karuna Chinchkhede 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. I understand that in quantum healing sessions, I may be assigned 'homework' or be asked to make changes to my life by my 'higher self' in regards to complete or solidify any healing or changes begun in our session.

I understand that Karuna Chinchkhede may elect **NOT** to proceed with the session if she feels it is not in her or in her client's best interest to do so.

**I understand that being hypnotized is not being asleep.** During a deep hypnotic trance, you can open your eyes, speak, laugh, walk and you may be aware of everything that happens around you. You can even open your eyes and think it is not working and are not hypnotized, But when you allow those feelings or thoughts that come to your mind to flow freely as Karuna Chinchkhede speaks to you, you will relax and remember forgotten events in this life or a past life.

**I understand that our session will be digitally recorded for my later use** and that Karuna Chinchkhede retains the copyright of these recordings. 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.

I understand that often in quantum healing sessions, universal information is provided through the client to benefit all of humanity. **I agree to allow Karuna Chinchkhede to share this information** and any accompanying story either on video or in written form in blogs or books as long as my name and all personal and relevant details are omitted and/or changed to protect my identity. (On videos, you will agree on what to omit.)

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Karuna Chinchkhede from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my sessions.

I have received and read this Client Information and Agreement Form and understand what I have read.

Client Signature: \_\_\_\_\_ Date : \_\_\_\_\_