

**RTT - Waiver Form**

**Liability**

I, (The Client) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release Anne Wrinn (The hypnotist) from any liability or claims that could be made against 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 ​**Anne Wrinn**​ is not a licensed physician, psychologist, or medical practitioner of any kind and that hypnosis should not be considered a replacement for the advice and/or services, of a psychiatrist, psychologist, psychotherapist, or doctor.

**Participation**

I give ​**Anne Wrinn**​ 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, ​**Anne Wrinn** ​cannot and does not guarantee results since my own personal success depends on many factors that ​**Anne Wrinn has no** ​control over, including my willingness and desire to affect the changes inside of myself.

**Confidentiality**

By signing this form, I consent that ​**Anne Wrinn**​ 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, ​**Anne Wrinn** ​may discuss aspects of my case with other colleagues without using my name.

I do not have a bipolar disorder, schizophrenia, psychosis or epilepsy. I have no thoughts of suicide.

 Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_