



www.liveyourownpath.com
E-mail: contact@liveyourownpath.com
Tel: 1 (970) 749-8569

CLIENT INFORMATION, AGREEMENT, and WAIVER FORM

PERSONAL INFORMATION

Session Date: _____

Name: _____

Date of Birth: ____/____/____ Gender: M F Other _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Marital status: _____ Number of children: _____

Occupation: _____

How did you find out about Anna? _____

The reason for your hypnosis session: _____

Have you ever been hypnotized before? Yes No

Do you have difficulty hearing? Yes No If yes, you can be fitted with a headset.

TERMS and CONDITIONS

1. Nature and Purpose of Sessions:

I understand that the sessions involving introspective hypnosis, past life therapy, and related techniques are tools for personal exploration, growth, and emotional or educational purposes. They are not substitutes for medical or psychological treatment. Anna Passalaqua, who will perform the sessions, is not a doctor, nor has a degree in psychiatry, and cannot diagnose or treat any type of physical or mental disorder.



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2. Voluntary Participation:

I am participating in these sessions by my own choice, willingly, and with the understanding that it is my personal experience and responsibility.

3. Session Outcomes:

I understand that any suggestion made during this session is part of a personal and educational motivation program and is purely informative. Results vary from person to person. There is no guarantee of any specific outcome. I make no claims of curing any disease, and I acknowledge that each session's success depends on my cooperation and belief in the process.

4. Confidentiality:

Anna Passalaqua agrees to maintain the confidentiality of all information shared during the session unless required by law or deemed necessary for safety reasons.

5. Potential Emotional Releases:

I am aware that emotional releases are common, and I may experience intense feelings, sensations, or memories during or after a session.

6. State of Health:

I affirm that I am of sound mental and physical health to participate. If I am under the care of any medical or psychological professional, I have consulted with them regarding my participation in this session.

7. Recordings:

Our session will be digitally recorded for my later review or for Anna Passalaqua's reference. I consent to such recordings. Anna Passalaqua retains the copyright of these recordings. The energy in the session may sometimes impact the quality of the recording.

8. Session Termination:

Either party has the right to terminate a session at any time if deemed necessary for the client's well-being.



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9. Release and Indemnification:

I hereby release, indemnify, and hold harmless Anna Passalacqua, Live Your Own Path, LLC, and any other associated entities, from any claims, liabilities, or damages, whether they arise during or are discovered after my participation in the sessions.

10. Mandatory Reporting:

If, during our session, I express an intent to harm myself or others, or admit to a crime, Anna Passalacqua is legally bound to report this to the appropriate authorities. By participating in a session, I understand and agree to this responsibility.

11. Universal Information Sharing:

I agree to allow Anna Passalacqua to share universal information from the session that can benefit humanity, provided my personal details are omitted or modified.

12. Assurances:

Anna Passalacqua has been certified in introspective hypnosis, past life therapy, and life coaching, and undergoes annual continuing education. I am assured of full integrity, professionalism, confidentiality, and respect throughout the session.

13. Cancellation:

Cancellations made 14 business days prior to the scheduled session are eligible for a full refund. If canceled after the 14th business day but before the 7th business day prior to the session, a 50% refund will be provided. Additionally, session rescheduling is possible if notification is received at least 7 business days before the scheduled session.

14. Understanding and Agreement:

By signing below, I confirm that I have read, understood, and agree to all terms and conditions presented in this combined agreement and waiver.

Client Name: _____

Client Signature: _____ **Date:** _____