



# Client Information Form

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

DOB: \_\_\_\_\_ Sex (M) (F) Age: \_\_\_\_\_  
(DD/MM/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

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

How did you hear about Grace/QHHT: \_\_\_\_\_

The reason for your Hypnosis session: \_\_\_\_\_

*I, herewith, voluntarily agree to sign this agreement and I fully understand that Grace Love is going to perform hypnosis, is not a doctor, nor has a degree in Psychiatry, and can neither diagnose nor treat any type physical or mental disorder.*

- 1. I am participating in this hypnosis session by my own choice because I want to be here.*
- 2. I understand that I am not a patient, but a partner in my hypnosis experience.*
- 3. I understand that any suggestion that may be made during this session is only informative and a part of a personal and/or educational motivation programme.*
- 4. I understand that my progress here involves how I care for myself physically, mentally, emotionally and spiritually.*
- 5. 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 as this can be only given by a medical professional or a mental health specialist.*
- 6. I understand that transformation is a process and that it can take time.*

**DISCLAIMER:** Hypnosis is not intended to cure any specific condition. Grace Love makes absolutely no claims of a cure for any disease. Individual results may and will vary. Each session is unique and its success depends on the Client's full cooperation and faith in the entire process.



# Terms & Agreement

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## Responsibilities and Liability Release

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1. I am willing to be guided through relaxation, visual imagery, hypnosis, and meditation 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 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 all hypnosis is self-hypnosis. Being hypnotized does not equal 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. However, when you allow the feelings or thoughts that come to your mind to flow freely as Grace Love speaks to you, you will relax and remember forgotten events in this life or a past life.
4. I understand that change is my own and complete responsibility. I understand all healing is self-healing and that Grace Love 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.
5. I understand that our session will be digitally recorded for my later use and that Grace Love retains the copyright of these recordings. I also understand that with these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.
6. I understand that often in hypnosis sessions, universal information is provided through the client to benefit all of humanity and mankind. I agree to allow Grace Love to share this information and any accompanying story either on video or in written form in blogs or books as long as my first and/or last name and all personal and relevant details are omitted and/or changed. (you will choose how you wish the video to be presented)

I am of legal age and understand that 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 hypnosis techniques, regression and any other appropriate modality by Grace Love. Therefore, I do hereby release and discharge Grace Love from any claims of damages, copyright, demands or actions whatsoever in any matter arising from or growing out of my cooperative participation. Any concerns or questions can be addressed with the Quantum Healing Hypnosis Technique Accredited Training Provider as the credentialing body. I have received and read this Client Information and Agreement Form and understand what I have read:

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

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

*I, Grace Love, was trained as a QHHT® Practitioner as taught by Dolores Cannon. I am also a Channelling Medium and Psychic and completed Basis Hypnosis Course with Applied Academy of Hypnosis. I do regular continuing education to maintain and further develop my training at the high level. I commit to you that I will utilise all my skills and experience to assist you on your spiritual journey of service, forgiveness, compassion and love. You have my assurance of my full integrity, professionalism, confidentiality and respect. All sales are final and no refunds will be given.*

Facilitator Signature: \_\_\_\_\_

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