

Place : _____ Session Date : _____ Type: _____ Session # _____



Client Information and Agreement Form

Name _____ Preferred name _____

Gender _____ DOB (MM/YY) _____ Age _____

Address _____ Suburb _____

City _____ Country _____ Phone/Mobile _____

Email _____

Marital Status _____ Number of Children _____

Occupation (current) _____

Religion _____

How did you find out about Chanika ? _____

The reason for your Hypnosis session _____

Have you ever been hypnotised before? _____

I voluntarily agree to sign this agreement and fully understand that Chanika Belcher is going to perform hypnosis, is not a medical doctor, and can neither diagnose nor treat any type of physical or mental disorder. Chanika Belcher is a facilitator for the hypnosis session and not a financial nor an investment nor a business nor a relationship consultant.

1. I am a competent adult of legal age. I am participating in this hypnosis session by my own choice, because I want to be here (my free will).
2. I understand that I am not a patient, but a partner in my hypnosis experience.
3. I understand that any suggestions that is made during this session is only a part of personal, educational and motivational goal, and is only informative.
4. I understand that hypnosis session is exclusively for educational and emotional enrichment. This hypnosis session is not a fortune telling or a psychic reading.
5. I understand that hypnosis is not intended to be in any way used as medical or psychological advice, this can only be given by a medical professional or a mental health specialist. It does not guarantee the outcome or effectiveness.
6. I understand that my progress also involves how I care for myself physically, mentally, emotionally and spiritually.
7. I understand that this hypnosis session is a process and that it can take time.
8. I understand that 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.
9. I am willing to be guided through relaxation, visual imagery, hypnosis, meditation and/or stress reduction techniques. I am aware that a session with Chanika is a spiritual-based and is not a substitute for regular medical care.

Place : _____ Session Date : _____ Type: _____ Session # _____

10. I understand that being hypnotised is not being asleep. During a deep hypnotic trance, you can even open your eyes, speak, laugh, walk and you may be aware of everything that happens around you. You may have a perception that you are not being hypnotised. However, you can trust in the process and let the practitioner guide you to allow the information to flow through without the need to analyse. You are aware that hypnotic state is natural and is a part of our every day's life, even without being able to make a notice to ourselves.
11. I understand the information I receive from this hypnosis session comes from me and my higher self. All the decisions I make in the future, will be of my own decisions after doing an adequate due diligence or follow my own intuition for what will be the best experience or path for me.
12. I understand that change is my own and complete responsibility. I understand all healing is self-healing and that Chanika 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.
13. I understand that the session will be digitally recorded. It is also possible that in some cases of metaphysical sessions, the energy can affect the equipment and recording resulting in static or blank recordings. Chanika retains the copyright of these recordings, and it may be used for the purpose of education or marketing.
14. I understand that often in Hypnosis sessions, healing or universal information is provided through the client to benefit all of humanity. I agree to allow Chanika to share this information and any accompanying story either on video or in written form in blogs, social media posts or books, as long as my first and/or last name and personal and relevant details are omitted and/or changed. (On videos, you will agree on what to omit.)

I voluntarily signing this consent and agreement form with my full legal name. I agree to participate and receive a hypnosis session from Chanika Belcher. I do hereby waive, release and discharge Chanika Belcher, from all claims of damages, copyright, demands or actions whatsoever in any manner arising from or growing out of my cooperative participation. I have received and read this client information and agreement form. I have read hypnosis preparation guide provided by Chanika. I have had an opportunity to discuss the contents with Chanika.

Client Signature _____ **Date** _____

Facilitator Signature _____ **Date** _____

Cancellation and Reschedule Policy : I will be doing my best to assist you on a journey and a path of self-liberation. Your full participation, transparency and trust in the process is required during the session to ensure we can endeavour to achieve your goals together.

All sessions are non-refundable:

- once the session has commenced
- if you fail to arrive at your appointment
- cancellation within 48 hours.

If you need to reschedule, please do so within 48 hour of the appointment.

The refund will not be given, however, you will be given the first priority to re-book the session at the earliest availability. The credit to your account is to be used within 12 months from the date purchase.