



NICKY REAVLEY THERAPY
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HANTS
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DISCLAIMER FORM

Liability

I the client _____ hereby release **Nicky Reavley** 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 **Nicky Reavley** is not a licensed physician, psychologist or medical practitioner of any kind and that hypnotherapy should not be considered a replacement for the advice and/or services of a psychiatrist, psychologist, psychotherapist or doctor.

Participation

I give **Nicky Reavley** full permission to hypnotise me and to use Rapid Transformational Therapy and knowing that by participating fully in the process and by listening to my personalised 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 **Nicky Reavley** cannot and doesn't guarantee results since my own personal success depends on many factors that **Nicky Reavley** has no control over including my willingness and desire to affect the changes.

Audi Recording(s)

I give **Nicky Reavley** full permission to make audio recording that may include my voice. I understand that if a recording (or recordings) are made during or after my session(s) **Nicky Reavley** retains full copyright over any forms of media that may be produced and distributed to me.

Deepening Process

I hereby grant **Nicky Reavley** to respectfully lift my arm, touch my shoulder or rock and/or touch my head during my Rapid Transformational Session(s) in order to help facilitate the deepening process.

Confidentiality

By signing this form I consent that **Nicky Reavley** may release information to a specific individual or agency if it has been determined that a vulnerable person (child or elder) is at risk; 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, **Nicky Reavley** may discuss aspects of my case with other colleagues keeping full name and identity completely confidential always unless given permission otherwise.

Full Name:**Signature :****Date:**