



# CONSENT & WAIVER AGREEMENT

*Please read carefully and completely before signing*

**Irene Blekhter**

**Vibrational Quantum Healing® practitioner**

I, \_\_\_\_\_ ('THE CLIENT'), UNDERSTAND THAT THE SERVICES BEING PROVIDED BY IRENE BLEKHTER ('THE PRACTITIONER') ARE NOT MEDICAL OR PSYCHOLOGICAL TREATMENT. IF I SHOULD BE CONCERNED ABOUT MY HEALTH, I SHOULD SEEK THE COUNSEL AND TREATMENT OF A LICENSED PHYSICIAN. THE PRACTITIONER IS NOT LICENSED IN ANY MEDICAL OR PSYCHIATRIC FIELD AND PROVIDES SERVICES SOLELY FOR THE PURPOSES OF SELF IMPROVEMENT AND ENRICHMENT.

I UNDERSTAND THAT VIBRATIONAL QUANTUM HEALING® (VQH) TECHNIQUE USED BY THE PRACTITIONER MAY INCLUDE, BUT NOT LIMITED TO, QUANTUM HEALING HYPNOSIS TECHNIQUE (QHHT®), BEYOND QUANTUM HEALING (BQH), INTROSPECTIVE HYPNOSIS (IH), PAST LIFE REGRESSION (PLR), LIFEFORCE ENERGY HEALING®, QUANTUM TOUCH® (QT), EMOTIONAL RELEASE, BODY RELAXATION, GUIDED MEDITATION, SPIRITUAL COACHING.

BY SIGNING THIS DOCUMENT, I WAIVE ALL CLAIMS RESULTING FROM THE SERVICE AND GUIDANCE PROVIDED BY THE PRACTITIONER. ADDITIONALLY, I UNDERSTAND THAT THE PRACTITIONER OFFERS NO GUARANTEES OR ASSURANCES AS TO THE EFFICACY OR RESULT OF THE SESSIONS OFFERED.

**I CERTIFY THAT I AM A COMPETENT ADULT OF LEGAL AGE OR GUARDIAN AND I ASSUME ALL RISKS AND COMPLETE RESPONSIBILITY IN THE FINAL OUTCOME. I AM ALSO VOLUNTARY SIGNING THIS CONSENT FORM WITH MY LEGAL NAME. THIS WAIVER AND ACCEPTANCE OF RISK IS EFFECTIVE AS OF TODAY AND IT CAN'T BE REVOKED, MODIFIED, ANNULLED, OR INVALIDATED, WITHOUT THE PRIOR CONSENT OF THE PRACTITIONER.**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CLIENT'S OR GUARDIAN'S SIGNATURE: \_\_\_\_\_

AUTHORIZATION TO RECEIVE A SERVICE USING ANY OF ABOVE LISTED TECHNIQUES: YES \_\_\_\_\_ NO \_\_\_\_\_

CLIENT'S OR GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**CONSENT TO AUDIO RECORDINGS** *(Please sign for Hypnosis sessions only)*

BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT THIS, AS WELL AS ANY FUTURE HYPNOSIS SESSIONS WILL BE RECORDED BY AUDIO MEANS. THIS IS STRICTLY FOR SAFETY PURPOSES AND WILL ALSO SERVE AS A LEARNING TOOL. I UNDERSTAND I WILL RECEIVE A COPY OF ANY AUDIO RECORDINGS MADE AND THE ORIGINAL RECORDING WILL BECOME THE EXCLUSIVE PROPERTY OF THE PRACTITIONER. THESE RECORDINGS WILL BE HELD IN STRICT CONFIDENTIALITY. THE PRACTITIONER WILL NOT BE HELD RESPONSIBLE AND IS FREE OF ANY LIABILITY DUE TO DAMAGES CAUSED THROUGH THE UNLAWFUL USE OF ANY AUDIO RECORDINGS MADE DURING ANY OF THE HYPNOSIS SESSIONS, IF POSTED OR PUBLISHED ON THE INTERNET BY THE CLIENT OR THIRD PARTIES ASSOCIATED OR RELATED TO THE CLIENT.

CLIENT'S OR GUARDIAN'S SIGNATURE: \_\_\_\_\_