



# DISCLAIMER FORM

## Liability

I, \_\_\_\_\_, hereby release *Dr Savitha Raveendran* 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.

## Participation

I give *Dr Savitha Raveendran* full permission to hypnotize me and to use Rapid Transformational Therapy® knowing that by participating fully in the process and by listening to my personalized 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, *Dr Savitha Raveendran* cannot and does not guarantee results since my own personal success depends on many factors that *Dr Savitha Raveendran* has no control over, including my willingness and desire to affect the changes inside of myself.

## Audio Recording(s)

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

## Deepening Process

I hereby grant permission to *Dr Savitha Raveendran* to respectfully lift my arm, touch my shoulder, or rock my head during my Rapid Transformational session(s) in order to help facilitate the deepening process. [Applicable for face-to face session]

## Confidentiality

By signing this form, I consent that *Dr Savitha Raveendran* 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, *Dr Savitha Raveendran* may discuss aspects of my case with other colleagues keeping my full name and identity completely confidential always unless I have given permission otherwise.

**Full Name:**

**Signature:**

**Date:**