



CLIENT LIABILITY & RELEASE FORM:

All clients are required to agree to the following Release & Liability Waiver:

By signing below, I acknowledge and agree:

I voluntarily request: (circle one) Hypnotherapy Reiki Psych-K® Animal Assisted Wellness treatment provided by Laurie Niedermayer, CHt, Mht, RP, *PSYCH-K®* facilitator, of *Triquetra Therapeutic Services*.

I acknowledge my commitment to my self-healing & improvement process through the therapy identified above & I recognize that in order for it to be most effective, I must willingly participate in my healing program by following the recommendations made by my therapist, which may also be in consultation with my family doctor.

I fully understand that Laurie Niedermayer, as my partner in holistic healing, does not diagnose conditions, prescribe medications or provide medical treatments.

I assume sole responsibility for my own health and for the results of any session provided by Laurie Niedermayer *Triquetra Therapeutic Services* that may affect my health in any way.

I understand that holistic therapy treatment(s) do not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical practitioner and will continue to follow his/her instructions.

I release Laurie Niedermayer *Triquetra Therapeutic Services*, Certified Clinical Hypnotherapist, of all legal liability during my participation in treatments.

All information received by me from practitioner Laurie Niedermayer of *Triquetra Therapeutic Services*, is kept private and confidential. However, I understand if there is any real threat that I may harm myself, my therapist is required by law, to report it to the appropriate authorities.

I accept with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Signature: _____ Date: _____

Name (please print): _____