Therapy Waiver

This Liability Waiver has been signed this day:_____,
Date

by_____ who acknowledges and agrees to the terms below:
Name

TERMS AND CONDITIONS

1. I _____ hereby agree to waive his/her right and or claim.
   Name
2. From this point forward, The Young Talons Wellness Group, and Hope Hypnotherapy LLC, will not be held responsible for anything that may arise during therapy sessions.

3. I (the above name) understand that this Waiver may be used for any legal and or financial purposes.

The Young Talons Wellness Group and Hope Hypnotherapy LLC has executed this Waiver as of the date signed below.

_____
Signature

_____
Printed Name

_____
Date Signed

All information is Confidential