



**The Epic Life Coach Ltd**

**Email: [nikki@theepiclifecoach.co.uk](mailto:nikki@theepiclifecoach.co.uk)**

**Telephone: 07980 775 229**

## DISCLAIMER FORM

### Liability

I, (The Client) *insert client name*, hereby release Nikki Retigan (The Epic Life Coach) 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. This liability waiver is not intended to exclude or restrict liability for death or personal injury caused by negligence.

### Scope of Practice

I understand that Nikki Retigan 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 Nikki Retigan 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, Nikki Retigan cannot and does not guarantee results since my own personal success depends on many factors that Nikki Retigan has no control over, including my willingness and desire to effect the changes within myself.

### Audio Recording(s)

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

## **Deepening Process**

**I hereby grant permission to Nikki Retigan to respectfully lift my arm, touch my shoulder, or rock my head during my Rapid Transformational Therapy® session(s) in order to help facilitate the deepening process.**

## **Confidentiality**

**By signing this form, I consent that Nikki Retigan may release information to a specific individual or agency if it has been determined that a vulnerable person (child or adult) 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, Nikki Retigan 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: