



LAWSON FINANCIAL GROUP

Divorce Financial Planning & Rapid Transformational Therapy (RTT)

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LawsonFinancialGroup.com

Book & Blog: *The Gray Girlfriend's Guide to Divorce*

Rapid Transformational Therapy (RTT) Waiver

This waiver outlines the liability, scope of practice, participation, guarantee, audio recording(s), the deepening process, and confidentiality of an RTT session.

Liability:

I, (the client) _____, hereby release Amy Blair Lawson/Lawson Financial Group, Inc., from any liability or claims that could be made against her or the company concerning my mental and/or physical well-being during the work that has been outlined and agreed upon, both now and in the future, by filling out this form.

Scope of Practice:

I understand that Amy Blair Lawson/Lawson Financial Group, Inc. is not a licensed physician, psychologist, or medical practitioner of any kind and that hypnosis should not be considered a replacement for the advice and/or services, of a psychiatrist, psychologist, psychotherapist, or doctor.

Participation:

I give Amy Blair Lawson/Lawson Financial Group, Inc., full permission to use Rapid Transformational Therapy, knowing that by participating fully in the process and by my listening to my personalized audio recording for 21 days, I play a crucial role in my overall success.

Guarantee:

I understand that although Rapid Transformational Therapy has an incredibly high success rate, Amy Blair Lawson/Lawson Financial Group, Inc., cannot and does not guarantee results since my own personal success depends on many factors that Amy Blair Lawson/Lawson Financial Group, Inc. has NO control over including my willingness and desire to affect the changes in myself.

Audio Recording(s):

I give Amy Blair Lawson/Lawson Financial Group, Inc., 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), Amy Blair Lawson/Lawson Financial Group, Inc. retains full copyright over any forms of media that may be produced and distributed to me.

Deepening Process

If my Rapid Transformational Therapy session is held in-person, as opposed to virtually, I hereby grant permission to Amy Blair Lawson/Lawson Financial Group, Inc. to respectfully lift my arm, touch my shoulder, and/or rock my head during my Rapid Transformational session(s) in order to help facilitate the deepening process.

Confidentiality

By signing this form, I consent that Amy Blair Lawson/Lawson Financial Group, Inc. may release information to a specific individual or agency if it has been determined that a child or elder is at risk of or is currently being abused;

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, Amy Blair Lawson/Lawson Financial Group, Inc. 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: _____