

**ACKNOWLEDGEMENT OF SERVICES
AND FEES
SUBJECT: SELF-IMPROVEMENT PROGRAM
PRO-BONO SERVICES**

I, the undersigned, acknowledge that I understand and agree to the following:

I understand and agree that I am to receive “pro bono” (no charge) hypnotherapy services

from _____
Print Name: Hypnotherapist (Student/Intern/Resident)

I also understand and agree these services are subject to the following terms and conditions:

I agree to give you 24 hours notice for all cancellations or changes of scheduled appointments. I understand, that missing a scheduled appointment without prior cancellation, or canceling with less than 24 hours’ notice, may result in the cancellation of these services and my eligibility to be assigned more pro-bono services in the future from other Hypnosis Motivation Institute, (HMI), Student/Intern/Residents. I understand these sessions are by mutual agreement only and can be terminated by either party for any reason and that neither party is obligated in any way to continue hypnotherapy sessions.

I understand the program of conditioning offered by you will include an undetermined number of private sessions, depending on my individual needs. I understand and agree the major purpose of this program is for Vocational or Avocational Self-improvement and those problems of psychogenic or functional origin are treated by a psychological or medical referral only (Business and Professions Code 2908). I also understand there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of my sessions. I understand that you are a Student/Intern/Resident actively enrolled at Hypnosis Motivation Institute (HMI), and still in progress with your training. I understand that you are not an employee of HMI and that even though you are a Student/Intern/Resident at HMI you are operating as a self-employed, independent contractor and HMI exercises no control over your services. I understand that I am not receiving services from HMI and agree to hold them harmless from any claims arising from me entering into this agreement. Should there be any dispute or legal complaint between myself and you, the Hypnotherapist, Student/Intern/Resident or any other party arising from this agreement, I agree to settle any such dispute through binding arbitration and waive all rights to any civil action. This agreement is effective only as long as the Hypnotherapist, Student/Intern/Resident, remains an “active enrolled student” at HMI and terminates upon that student’s graduation or end of active student status.

Client Signature

Date

Hypnotherapist Signature

Date