

Life Between Lives Hypnosis, LLC
260 Maple Court, Suite 127, Ventura, CA 93003
(805) 665-0032

CLIENT INTAKE FORM

First and Last Name _____ Age _____ Date _____

Address _____ City _____ State _____

Country _____ Zip Code _____ Cell Phone #: _____

E-mail Address _____

Emergency Contact _____ Phone # _____

Phone # _____

Marital Status _____ Occupation _____

Previous Guided Imagery/Meditation/Hypnosis experience

Name of Higher Power

Favorite Pleasant/Relaxing Place (Beach, Mountains, etc.)

Unpleasant/Fearful Scenes to Avoid (High Places, Water, etc.)

What Do You Hope to Get Out of Your Sessions?

Your Signature: _____ Date: _____

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SERVICES INFORMATION

**THESE SERVICES DO NOT ASSESS, DIAGNOSE, OR TREAT ANY MEDICAL OR
PSYCHOLOGICAL DISORDER AND ARE NOT A SUBSTITUTE FOR PSYCHOLOGICAL
OR MEDICAL TREATMENT**

**FOR THE PURPOSES OF THESE SERVICES, VONDA ("VONDIE") LOZANO IS NOT A
MENTAL HEALTH SPECIALIST OR LICENSED CLINICIAN**

Individual Session Preparation and Follow-up

Please visit the Preparation/Post Session page to facilitate an optimum experience,
<https://lifebetweenliveshypnosis.com/preparation/>

If you are having a Life Between Lives Session, you may provide a list of 5-10 significant people in your life, with a few word description of each person. You may also provide a list of 5-10 questions to ask your guides or council. Please bring your list of people and questions to your LBL session.

Use of Touch

In some cases it may be helpful for the facilitator or assistant to respectfully touch your shoulder, hand, or arm in order to assist you during the hypnosis. You give them permission and consent to do so. You are free to terminate any or all sessions at any time, even during the session.

Recordings

Please bring your phone or other recording device to audio record your session. (For iPhone use Voice Memos and for Android use Voice Recorder app.) I'll also record the session as a backup. There is no charge for the audio recording. And there is no refund if the session is not successfully recorded. Any and all audio recordings are for your personal use only and may not be copied, published, distributed, or disseminated in any manner.

In Person Sessions and Events

If you are experiencing any cold symptoms or have been exposed to Covid within the last 7 days, or traveled outside the US, please let me know with as much advance notice as possible so we can reschedule your session or provide credit for a future event.

Online Sessions

Certain states, including Colorado, Connecticut, Indiana, and Washington have their own licensure/regulations for hypnosis. Therefore I am not allowed to do hypnosis if you are in those states. By signing below, you verify that you are not physically located/receiving these hypnosis/hypnosis services in any of the aforementioned states.

Outcomes

Although we hope and plan for a wonderful session, no warranty is given, expressed or implied, as to the specific outcome for your session(s).

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Confidentiality

I frequently teach, speak and write about Past Life and Life Between Lives hypnosis and other related topics. However, your individual identifying information is not shared, unless you have given permission. Please let me know if you have any questions or concerns about this. Group members are asked to respect the confidentiality of other group members and group sessions cannot be recorded.

Session Payments and Rescheduling

Session, group, and workshop payments are non-refundable and non-transferable. Individual sessions may be rescheduled with 30 days advance notice, as scheduling permits. If you have any covid symptoms or exposure and need to quarantine as per the CDC guidelines, individual sessions and workshop payments may be credited toward a future session/event. Group sessions cannot be rescheduled. (See below for complete Retreat Payment and Cancellation information.)

Please be sure to return your forms at least 72 hours prior to your first session, group, or workshop. Please return your retreat forms at least one week before your retreat begins.

Please let me know if you are running late for your individual session. If you are more than 30-minutes late, there may not be enough time to complete your session and you may need to purchase a new session.

Due to extenuating circumstances, I may need to cancel or reschedule a session or event. I will provide as much notice as is possible. However, Life Between Lives Hypnosis shall not be liable for any financial or other consequences of the cancellation. You have the option to receive a credit toward a future session or event or to request a refund.

Retreat Payments and Cancellations

Travel insurance is strongly recommended, no refunds for any reason, if less than 30 days prior to the start of the event. However, if you have any covid symptoms or exposure and need to quarantine as per the CDC guidelines, your retreat payments (minus \$320 per person Retreat Center fee) may be credited toward a future retreat.

- 100% initial payment refund for cancellation 60+ days before retreat start date
- 50% initial payment refund for cancellation 30-59 days before retreat start date
- 0% initial payment refund for cancellation 0-29 days before retreat start date

* We need six guests minimum for the retreat to happen. If there are fewer than six guests, the retreat will be canceled and any payments made will be refunded in full. Or you are welcome to have your payments credited toward our next retreat.

Retreat Remaining Balance

- Remaining Balance is due 30 days before your retreat start date
- If paid in full at the time of booking, a full refund of the remaining balance is available up to 30 days before your retreat start date
- If you cancel 0-29 days before your retreat start date the remaining balance is not refundable
- For initial payment and remaining balance amounts, please refer to your booking summary email.

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YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE FOREGOING HYPNOSIS INFORMATION FORM AND VOLUNTARILY EXECUTE THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT. PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS BEFORE SIGNING.

Your Signature: _____ Date: _____

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CLIENT WAIVER AND RELEASE

In consideration of my use of these hypnosis, hypnotherapy, guided imagery, guided meditation, regression sessions, sound bath, or other related spiritual hypnosis services (hereafter referred to as "services"), I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that Life Between Lives Hypnosis, LLC (the "Company") and its agents, owners, independent contractors, employees, officers, directors, and associates, shall not be liable for any damages sustained by me, as a result of the use of these services, equipment, facilities, retreat grounds, regardless of whether such damages result, in whole or in part, from the negligence of the company.

By the execution of this agreement, I accept and assume full responsibility for any and all damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge the Company, and its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the use of said services, equipment, facilities, retreat grounds.

I expressly agree to indemnify and hold the Company, and its insurers, employees, officers, directors, and associates harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from damages sustained by me resulting from or arising out of the use of said services, equipment, facilities, retreat grounds.

I agree to be solely responsible for my safety and wellbeing. I understand and agree that the Company is not responsible for information or messages received as a part of said services. Nor is the Company responsible for any of my actions, outcomes, or consequences resulting from or arising out of the use of said services, equipment, facilities, retreat grounds.

I agree to comply with all preparation and follow-up guidelines from the Company regarding these services, equipment, facilities, retreat grounds. I agree to assume responsibility for any damages done to the premises or buildings caused by my actions. I agree to reimburse the Company for the cost to repair any damage as a result of my actions. I agree to conduct myself in a reasonable manner at all times, and to refrain from using the information gleaned from said services in a manner inconsistent with the intended design and purpose.

I understand and agree that the Company is not responsible for property that is left or damaged while in, on, or about the premises.

I understand and acknowledge that the use of said services, equipment, facilities, retreat grounds, involves a risk of side effects, including, but not limited to stiff arm or neck, stomach upset, unpleasant feelings, memories of trauma, false memories, anxiety or distress, dizziness, light-headedness, headache, seizures, drowsiness. I further understand and acknowledge that hypnosis can be dangerous for individuals with serious medical and mental disorders, including, but not limited to individuals with hallucinations and delusions, schizophrenia, chronic psychopathology, dissociative disorders, a history of seizures, and those who misuse drugs and/or alcohol. Hypnosis may trigger seizures, stupor, spontaneous dissociative episodes, and psychotic episodes.

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I understand and acknowledge that the use of the equipment, facility, retreat grounds involves risk of physical injury.

I understand that the workshop and retreat kitchens are NOT allergy certified kitchens. (This means that even if the kitchen provides a meal that does not contain a person's specific allergen, the kitchen cannot guarantee that there aren't trace amounts of the allergen present. Those with allergies should bring their own food. You are welcome to use the refrigerator at the workshop venue, and the refrigerator and microwave provided in the retreat dining room. The retreat staff is also unable to accommodate individual meals for specific dietary requests. These include but are not limited to: gluten free, dairy free, vegan, sugar/fat free, etc.) I agree to waive any and all claims including, but not limited to, food/beverages provided or available at the workshop and/or retreat.

I understand that it is my responsibility to consult with a physician and/or mental health specialist prior to and regarding my participation in these services and use of the equipment, facility, retreat grounds. I represent and warrant that I have no medical or mental health condition that would prevent me from safely participating in these services or using the equipment, facility, retreat grounds.

I understand while participating in any or all workshop and retreat activities, I may be photographed or videoed. I agree to allow my name, image, likeness, and story to be used for marketing purposes by Life Between Lives Hypnosis. I agree to waive any and all claims including, but not limited to privacy and copyright claims, related to use of the footage. (Note: if you have any questions or concerns about this please do not hesitate to let us know.)

I understand that it is my responsibility to consult with a physician and/or mental health specialist prior to and regarding my participation in these services and the use of the equipment, facilities, retreat grounds. I represent and warrant that I have no medical or mental health condition that would prevent me from safely participating in these services and the use of the equipment, facilities, retreat grounds.

I understand and agree that my use of these services, equipment, facilities, retreat grounds, is only to be undertaken on my own personal time, and that my use of these services, equipment, facilities, retreat grounds, is not within the course or scope of my employment.

I HAVE READ THE FOREGOING WAIVER AND RELEASE OF LIABILITY AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Signature _____ Date: _____