## **Client Liability Agreement**

Revision 1.3b; July 13, 2014

Intent: The material that you will be using is state of the art and still very experimental. Long-term effects, if any, have not been studied or researched. Thus, we cannot guarantee that you will not have some sort of adverse reaction that we did not anticipate. If you are not willing to take full and it

Witness (Print and sign name):	
Signed: Date:	
<ol> <li>I understand that all ISPS processes are trademarked (such Healing™, Silent Mind Technique™ etc.) and cannot be taug Institute (just as with any trademark – you can't sell a soft d Coca-Cola, for example).</li> </ol>	ught without approval by the
<ol> <li>For safety reasons I agree not to disclose these techniques anyone else, including my partner, family, friends, therapists</li> </ol>	•
6. I agree not to tape or record any sessions using Gaia comm	nands.
5. I agree not to teach these techniques to others.	
<ol> <li>I will not use these techniques by myself to try to solve a prowould tell me that it is not appropriate.</li> </ol>	roblem where common sense
<ol> <li>I will only use the techniques under the supervision of a qua physician as legally appropriate.</li> </ol>	alified, certified therapist or
<ol> <li>I agree to hold harmless the person who guides me in the u Study of Peak States (ISPS) techniques, the ISPS, and any now, in the past or in the future, from any claims.</li> </ol>	
<ol> <li>I take complete responsibility for my own emotional and/or p during and after this private session.</li> </ol>	physical well being both
do agree to the following:	
located at the address,	
I (Print name),	
complete responsibility for what happens by using our techniques, v with our treatment. This is all common sense given the nature of our perfectly explicit up front.	we require that you not start

Print Name of Witness: