

Terms of Agreement

Please tick all boxes and sign at the bottom of the page.

1. I am of full legal age and will undergo a hypnosis session led by Dorothee Amelung of my own free will. I accept that Dorothee Amelung uses hypnosis, regression and relaxation techniques and other appropriate modalities. I therefore release her from any claims for compensation or damage that might arise from my cooperative participation.	<input type="checkbox"/>
2. I understand that this hypnosis session only serves informational purposes and does not replace medical or psychotherapeutic treatment which can only be provided by an accredited doctor or psychotherapist.	<input type="checkbox"/>
3. I give consent to being guided through hypnosis, regression and relaxation techniques by Dorothee Amelung, in full knowing that these modalities are of a non-medical nature. It is my own responsibility to inform my doctor about bodily changes or changes with my medication.	<input type="checkbox"/>
4. I understand that any advice that may be given during the session is part of a personal coaching program and is therefore strictly informational.	<input type="checkbox"/>
5. I understand that I am a cooperative co-creator of my hypnosis experience.	<input type="checkbox"/>
6. I understand that a hypnotic state is not a sleeping state. During hypnosis, I could open my eyes, speak, laugh, cry or even walk as well as be fully aware of my surroundings. I also understand that at any point in time, I fully retain control over my experience or can regain it at will.	<input type="checkbox"/>
8. I understand that this form of hypnosis work can bring about changes in my professional or private life, which fully lie in my own responsibility. I understand that at its core, any changes are created by the self and that Dorothee Amelung is merely facilitating the process. It is my own responsibility to disclose all information that might be relevant in assisting the process.	<input type="checkbox"/>
9. I understand that change is a process that may require time.	<input type="checkbox"/>
10. I understand that our session will be digitally recorded for later use and that Dorothee Amelung owns and retains the copyright to the recording. I understand that technical difficulties cannot always be prevented and may in some cases lead to quality issues or, very rarely, the complete loss of the recording.	<input type="checkbox"/>
11. I give permission to Dorothee Amelung to share the information on the recording as well as absolute necessary context information for learning, training, education and information purposes in any oral, written or digital form, as long as my full name and any other personal data that would allow for recognition of myself as a person is omitted, deleted or altered (i.e., in fully anonymized form). I also understand that I can retract this permission at any time and without stating any reasons in written form via the contact details provided at www.dorotheeamelung.com .	<input type="checkbox"/>

I hereby confirm that I have received, read and agreed to the Terms of Agreement as stated above, and fully understand their meaning.

Location/Date

Name/Signature