



# Underage Workshop Participation Agreement

Cory S. Brown, CMS-CHt, FIBH

**Labyrinth Hypnotherapy**

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Name of Student:

Name of Parent or Guardian:

Relation to Student:

Address:

Phone:

Email:

**Student and Parent or Guardian, please read and sign.**

I understand that my child will experience and learn how to use self-hypnosis, guided imagery, and suggestion programming for positive resource states and positive self-talk for improved test taking skills, accelerated learning, or performance related goals, during the workshops with Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy).

Like the practice of medicine, hypnosis, self-hypnosis, and hypnotherapy are not absolute sciences. We personally know of no case or have any knowledge of any case on record where an individual has been harmed in any way by hypnosis, self-hypnosis, guided imagery, and hypnotherapy for improved test taking skills, accelerated learning, or performance related goals. It is necessary as a general practice to have everyone taking part in Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy)'s activities, including but not limited to classes, seminars, events, and workshops, sign this disclaimer.

I am of legal age and sound mind, and in consideration of my child's acceptance as a participant in this workshop, self-hypnosis, hypnotherapy session, guided imagery, and suggestion programming for positive resource states and positive self-talk for improved test taking skills, accelerated learning, or performance related goals, or any other Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy) event, production, or product, I, for myself, my heirs, executors, administrators and assignees, do hereby release and discharge Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy), or any of his employees, subcontractors, staff, coaches, or other participants from all claims of damages, copyright, demands or actions, whatsoever, in any manner arising from or growing out of me or my child's participation. I also agree never to sue Cory S. Brown, CMS-CHt (Labyrinth Hypnotherapy). I understand that these services are not offered as a replacement for counseling, psychiatric treatment, or medical care. I further acknowledge that I understand, Cory S. Brown, CMS-CHt FIBH (Labyrinth Hypnotherapy) does not practice medicine or mental health care such as psychology or psychiatry.

I have read, understood and agree with the above.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature : \_\_\_\_\_

Date: \_\_\_\_\_