



Workshop Participation Agreement

Cory S. Brown, CMS-CHt, FIBH

Labyrinth Hypnotherapy

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

All participants must read and sign before attending.

I understand that hypnotherapy, self-hypnosis, hypnotherapy regression techniques, processing emotions, gestalt dialoguing, guided imagery, and meditation are not absolute sciences. I am of sound mind and legal age, and in consideration of my acceptance, as a participant in this seminar or workshop, I, for myself, my heirs, my executors, administrators and assignees, do hereby release and discharge Cory S. Brown, CMS-CHt (Labyrinth Hypnotherapy) and any of his employees, staff, coaches, or other participants in any of the activities, from any and all claims of damages arising from, or growing out of my participation in said event or activities. I further understand that no unauthorized recordings may be made at any of these sessions/events. Additionally, I understand that Cory S. Brown, CMS-CHt (Labyrinth Hypnotherapy) may make recordings at any of these sessions/events and retain the copyright to all of these recordings. I agree that any and all claims of damages or disputes arising from my participation in hypnotherapy sessions, hypnotherapy regression techniques, emotional processing methods, guided imagery, meditation, seminars or events, and any other activity related to the above, should it arise, shall initially be decided by the board of directors of the International Board of Hypnotherapy (IBH) in accordance with their published procedures for reviewing and deciding complaints against its members (published at internationalboardofhypnotherapy.com) and that determination may be subject to review in the state of New Mexico and I hereby acknowledge and accept the authority and jurisdiction of the IBH board of directors to review any and all claims I may have pursuant to this agreement in accordance with its published procedure.

I have read, understand and agree with the above.

Signature: _____

Date: _____