

Quantum Gateways

Client Intake

Client's Name: _____

Session Date: _____

Session Type (Check): QHHT in person only BQH in person BQH online/Zoom

Theta Quantum Healing in person Theta Quantum Healing online/Zoom

Theta Quantum Healing remotely Subconscious Reprogramming in person

Subconscious Reprogramming online/Zoom Past Life Regression in person

Past Life Regression online/Zoom Chakra Reading/Balancing/Clearing in person

Chakra Reading/Balancing/Clearing online/ Zoom Chakra Reading/Balancing/Clearing remotely

Akashic Reading in person Akashic Reading online/ Zoom Intuitive Guidance Session in person

Intuitive Guidance Session online/Zoom Reiki in person Reiki online/Zoom Reiki remotely

Other Session: _____

Pronouns: _____

Birthdate: _____(DD/MM/YYYY)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Marital Status: _____ Number of Children: _____

Occupation: _____

Religious/Spiritual Beliefs/Practices: _____

How did you hear about the sessions: _____

Any diagnosed diseases or mental health conditions: _____

_____ (Initial) I agree that _____ I was / _____ I was not diagnosed with schizophrenia or psychosis.

Medications and what are they treating: _____

What is the reason for your session: _____

Past Life Regression

Agreements, Policies and Waivers

I, _____ (Client's name), hereby, agree that I am of at least minimum legal age (18 years old), that I voluntarily agree to sign this agreement. I fully understand and agree that Agnieszka "Angie" Navarrete is going to perform hypnosis and that I am requesting to be hypnotized of my own free will.

Email address: quantumgateways@gmail.com. Please add this to your address book to avoid missing any important emails.

The hypnosis session will take place:

_____ at 425 SW Madison Ave, Suite M-1, Corvallis OR 97333.

or _____ online.

I understand and/or agree that:

- If my session takes place online, I will need to provide and use a computer, webcam, a microphone and headset / earphones.
- I need to be in a safe and quiet environment where I will be completely undisturbed for the duration of the hypnosis session. This includes animals and children.
- I am participating in this hypnosis session by my own choice because I want to be here.
- I am not a patient, but a partner in my hypnosis experience. I am an active participant and understand that I cannot be hypnotized against my will, consciously or subconsciously.
- My session experience depends on my level of preparation, openness, communication, trust and ability to release.
- Each session is unique and its success depends on the client's full cooperation and faith in the process.
- Any coaching and/or suggestions that may be made during this session are only informative and a part of a personal and/or educational or motivational purposes. Agnieszka "Angie" Navarrete is not a medical or mental health care professional and she does not diagnose nor treat any type physical or mental condition.
- Hypnosis is not intended to cure any specific condition. Agnieszka "Angie" Navarrete makes no claims of a cure for any disease or condition. Any healing taking place is the client's own doing.
- Hypnosis is not a substitute for medical interventions, body therapy, or psychotherapy.
- The hypnosis session is exclusively for educational or informational purposes. It is not intended to be in any way used as medical or psychological advice as this can be only given by a medical professional or a mental health specialist.
- My progress is my responsibility and involves how I care for myself physically, mentally, emotionally and spiritually.

- During the intake process, we may discuss a variety of topics including personal matters of my life, my belief systems, health history, my childhood and other issues that may have an influence on my well-being. Agnieszka “Angie” Navarrete is not responsible nor will she be held responsible for any perceived negative consequence or result of any kind which is claimed to result from my participation in the hypnosis session.
- The hypnosis session will be digitally recorded. I understand that Agnieszka “Angie” Navarrete does not guarantee that the recording will be audible, fully intact, or usable. I will not hold Agnieszka “Angie” Navarrete responsible for any possible malfunctions during the recording process.
- Facial obstructions including coverings of face or mouth will not be permitted during the session. I understand that it’s important that I can be clearly heard without any obstructions over my face or mouth.
- I give permission for Agnieszka “Angie” Navarrete to use session material in print and/or discussion. If Agnieszka “Angie” Navarrete uses the information in print and/or discussion, it will not be used in conjunction with my name without my further written permission.
- The session is one on one meaning that observers, including children, are not permitted.
- I will arrive to the session clean, showered.
- I will not use fragrances before or during the session.
- I will not hold Agnieszka “Angie” Navarrete responsible for any damages or injuries, physical or non-physical, where I may require her assistance.

___ (Initial) I agree to notify Agnieszka “Angie” Navarrete ahead of the hypnosis session of any pre-existing medical or mental health conditions or injuries. I understand that hypnosis is not suitable for certain mental health conditions such as psychosis or schizophrenia.

Cancellations, Rescheduling, No-Shows and Late Arrival Policy and Refunds

My signature below also indicates that:

- The non-refundable retainer to book the session is \$150.
- I understand that there are no refunds for cancellations.
- I am agreeing to the rescheduling, no-show and late arrival policy of Agnieszka “Angie” Navarrete, Quantum Gateways and/or Moon Lotus Rising.
- I understand that Agnieszka “Angie” Navarrete requires a 48 hour rescheduling notice. If I become sick, my session will be either moved online or will need to be rescheduled. I may reschedule my session one time with a minimum of 48 hour notice. Should I need to reschedule the session a second time, the retainer will be kept and I will need to pay the full price.
- I understand that if I’m late to the appointment the hypnosis session cannot be extended beyond the originally allotted time and may be canceled.
- Delays beyond 30 minutes may result in a cancellation of my appointment as “no-show”. Timely arrival to the session is of utmost importance. I agree to contact Agnieszka “Angie” Navarrete to notify her of any late arrival. Please leave your house on time taking any traffic under consideration.
- Should I not show up to the session at all, I will be considered “no show”. No refunds are given in no-show situations and any new scheduling of the session will need to be paid in full again.
- I understand that should my hypnosis session not be successful, no refunds will be given.

- I understand that should I choose to pay for the session via installments during the checkout using a third party agency, the installments will continue until the session is paid in full even if I cancel the session. No refunds can be given until the full session amount has been paid. The above conditions apply for refunds.

Inappropriate Behavior

I understand that:

___ (Initial) – Agnieszka “Angie” Navarrete can end sessions early due to any inappropriate actions, advances or hostile behavior made towards her.

- This document remains valid unless I revoke it in writing.

___ (Initial) By signing this document, I understand and agree on behalf of myself, my dependents, heirs, administrators, legal representatives, and assigns, to release and hold harmless Agnieszka “Angie” Navarrete, Francisco Navarrete, Quantum Gateways and Moon Lotus Rising from any and all liability for any possible known and unknown side effects, illness, injuries, or death, and for any losses or damages relating thereto, however occurring, in relation to my participation in or information received in the hypnosis session.

My signature below indicates that I have carefully read and reviewed this Document including any Agreement, Waivers & Releases, Cancellations, Rescheduling, No-Shows and Late Arrival Policies. I fully understand and agree to all of its terms and conditions.

Client Signature

Client Name Printed

Date

Past Life Regression

Session Content Release

I _____ (Client's name) understand that on occasions, Agnieszka "Angie" Navarrete would like to share recordings/audio from hypnosis sessions with the public/other professionals .

_____ (Client Initial) - I, _____ (Client name), - agree don't agree (must check one) for recorded video /audio content from the session to be shared with others publically including social media, YouTube, website, etc. Any recordings are shared without the client's name.

_____ (Client Initial) I am open to the possibility of recorded video/audio content to be shared publicly if the snippet is sent to me for approval prior to being published. The provider will publish audio/recorded content only with my written permission (email is sufficient).

My signature below indicates that I have carefully read and reviewed this EQH Session Content Release. I fully understand and agree to all of its terms and conditions as outlined above.

Client Signature

Date

Client Name Printed