**Reintegration Resonance Client Agreement for The Completion Process Session(s)**

**There will be no individual sessions or collective package with Reintegration Resonance Therapy and/or Jake Barlow until I have read and signed this liability waiver.**

You must disclose any outstanding medical issues that may be of concern and accept that the practitioner does not take any responsibility for perceived harm.

Reintegration Resonance Therapy and Jake Barlow does not provide emergency services.

If I am experiencing an emergency, such as suicidal feelings or if I am feeling unsafe physically or emotionally, I need to seek appropriate emergency care near me, i.e. **my local emergency room/hospital, GP or healthcare professional.**

This is by no means substitute for medical attention.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

I am aware and understand that I should carry my own health insurance (if not UK based)

**Confidentiality** **Agreement**

All personal information you express in a session is confidential and your privacy will always be respected.

**Services**

A Completion Process session can be done in person, via UK mobile or via Zoom meetings, or Skype.

It is very important that you create time and space for yourself to experience this process, meaning you will need to clear your schedule for 2-3 hours, have a quiet environment where you will not be disturbed, and be willing to experience whatever emotions may arise. Note that afterwards, you may feel vulnerable. Please rest and allow time to process.

The total length of a session will vary depending on what you have purchased (typically 90 mins or 2 hours, or a thirty-minute time block) and you will respect the designated timeframe.

During your session, you will most likely experience intense emotions and with the help of the facilitator, you will make an effort to become completely aware of these emotions and accept that this might be uncomfortable.

If you are not able or willing to comply with these conditions then you will need to wait to schedule your session at a time when this will be possible. The only exception to this is if your children require your attention during the session, or any serious emergency were to arise.

**Limitation and Release of Liability**

I release Jake Barlow from any responsibility of my emotional or mental state during the session as well as once the session has ended.

I take full responsibility for my own mental and emotional state of mind.

I acknowledge that part of doing this work means making a commitment to learning about my emotions, and that I will also need to take responsibility to apply this to my life outside of sessions and group work.

I am completely responsible for taking the necessary action during my session (meeting my facilitator halfway) and outside of my sessions in order to see the results I desire.

Jake Barlow is not available for excessive daily communication between sessions via Facebook messenger or email. Excessive is defined as more than 1-2 lines of text through Facebook messenger per day and more than 2 emails (per day) containing their own threads.

If I have a question or a concern I should first email it to jake@reintertherapy.co.uk or wait and discuss it at my next session.

In consideration of the risk of injury while participating or being facilitated in; The Completion Process, Cognitive Processing or working with the subconscious mind as well as emotional states of being (Shadow Work) The Completion Process, and as consideration for the right to participate in The Completion Process, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in The Completion Process and do hereby release and forever discharge (*Jake Barlow,* located at *16 Rosemont Road, Acton, London, W3 9LR*, his affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in The Completion Process.

I AM VOLUNTARILY PARTICIPATING IN THE COMPLETION PROCESS AND I AM PARTICIPATING IN THE COMPLETION PROCESS ENTIRELY AT MY OWN RISK.

I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THE COMPLETION PROCESS, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH.

I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO THE COMPLETION PROCESS.

NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THE COMPLETION PROCESS, INCLUDING TRAVEL TO, FROM AND DURING THE COMPLETION PROCESS.

I agree to indemnify and hold harmless Jake Barlow against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

If Jake Barlow incurs any of these types of expenses, I agree to reimburse Jake Barlow.

I acknowledge that Reintegration Resonance Therapy and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or The Completion Process on behalf of Jake Barlow.

I ACKNOWLEDGE THAT THE COMPLETION PROCESS MAY INVOLVE A TEST OF A PERSON'S MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH OR SERIOUS INJURY.

The risks may include, but are not limited to, condition of participants, including but not limited to, participants, volunteers, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE (*Completion Process Practitioner* AND ALL OF THEIR AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST (*Completion Process Practitioner* FOR PERSONAL INJURY, EMOTIONAL, MENTAL OR SPIRITUAL INJURY.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Reintegration Therapy, its agents, and future employees.

I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness. This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength.

Both the Participant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and Jake Barlow agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted, to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties.

If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

**Cancellation policy:**

Reintegration Resonance Therapy asks that you please give at least 24 hours’ notice if you need to cancel or reschedule a Completion Process session. We do understand that life sometimes makes this impossible and when a situation comes up that is out of your control, we will do our best to meet your needs based on your specific circumstance.

**Refund ``Policy**

I do not offer any refunds for services provided, however, if we decide together that you are not ready to go through this process at the time of services (before the process begins), you will be refunded in full.

**By your signature below, I hereby understand and agree to all terms and conditions of this Agreement.**

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| --- | --- |
| **Client** | **Reintegration Resonance Therapy** |
| **Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |