



Pyramid Fusion Co. 8253 W. Otero Ave. Littleton, CO 80128 303-994-4945

<http://www.pyramidfusion.com/hypnotherapist-colorado/>

## Parental or Custodial Consent

To be used with any client under the age of 18 years

\_\_\_\_\_  
Date

I am the legal guardian for \_\_\_\_\_,  
Minor's Name

whose date of birth is \_\_\_\_\_.

My relationship to him/her is \_\_\_\_\_.

With regards to the above-mentioned minor, I, the undersigned, understand and give my consent for the following:

I understand that the program of conditioning offered by you will include an undetermined number of private sessions, depending on individual needs.

I understand and agree that the major purpose of this program is for Vocational or Avocational Self-improvement and that those problems of psychogenic or functional origin are treated by psychological or medical referrals only. I also understand that there are no guarantees as to the results or progress to be made, only that you will, to the best of your ability, endeavor to accomplish the objective of the sessions.

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Driver's License Number of Legal Guardian

