



**Giuseppe Filotto (C. Ht.)**

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**1 Newton Place**

**London**

**E14 3TS**

**Past Life Regression Disclaimer Form**

I, the undersigned \_\_\_\_\_ understand that the hypnosis session I will be receiving for Past Life Regression is done at my own request for the purposes of personal curiosity, entertainment or personal exploration of my own belief systems. As such, the results can be varied and unexpected and I fully understand that I cannot hold the hypnotist G. Filotto in any way responsible or in any way liable for the results of such a process, whatever they may be and howsoever they may be caused.

Furthermore I also confirm that I am not currently taking any medication of any sort nor using any psychotropic drugs of any kind, nor have I done so in the past month.

I also attest that I do not suffer now, nor have I suffered or been treated in the past for any of the following:

- |          |                     |                |
|----------|---------------------|----------------|
| Diabetes | Clinical Depression | Schizophrenia  |
| Epilepsy | Heart Disorder      | Hallucinations |
| Bulimia  | Anorexia            | Delusions      |

Or any Emotional Problem of any sort that required medical attention

I also fully understand that I should disclose in full any medical treatment I may be currently undergoing or have undergone in the past year here below in writing if any:

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I also unreservedly certify by my signature below that I have carefully read and understood fully all the contents of this Past Life Regression Disclaimer Form and sign it of my own free will.

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

Name (Please use block capitals to make this easily legible): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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