ACKNOWLEDGEMENT OF SERVICES AND FEES
SUBJECT: SELF-IMPROVEMENT PROGRAM

I, _____, acknowledge that I have read, understand and agree to the following:

I agree to pay Jonathan Hyde a fee for each session equal to the session type and location according to the Session Rate Table below, and I agree to pay Jonathan Hyde or his assignee for services **in full** on the date of each appointment.

I agree to give Jonathan Hyde 24 hours' notice on all cancellations or changes of scheduled appointments. Missing a scheduled appointment without prior cancellation, canceling with less than 24 hours' notice or being late a half hour or more may be charged to me at half the current rate. Jonathan Hyde's liability regarding the services provided shall not, for any reason, exceed the amount of the fee paid by the client for the last session provided.

I acknowledge that I will be sent an invoice for the fee which is due the same day and that I may be required to pre-pay for any future sessions at Jonathan Hyde's discretion based on the situation. I acknowledge that the existence of this agreement is solely for business logistics and should not be misconstrued as a judgement against me.

I understand the program of conditioning offered by Jonathan Hyde will include an undetermined number of private sessions depending on my individual needs. I understand and agree that the purpose of this program is for vocational or avocational self-improvement and that problems of a psychogenic or functional origin are treated by psychological or medical referrals only (Business and Professions Code 2908).

I also understand that there are **no guarantees** as to the results or progress to be made, only that the hypnotherapist will, to the best of his ability, endeavor to accomplish the objective of my sessions.

Session Rates:

Location	Hypnotherapy Session	Couples Coaching	Past Life Regression	½ Hour Power Session
Office	145	220	220	70
In-home	165	245	245	80
Remote	130	195	N/A	65

Other Agreed Upon Rate: $_____

_____ _____
Client Signature Date

_____ _____
Hypnotherapist Signature Date