



***STATEMENT OF OBJECTIVE / AGREEMENT:***

The purpose of this side of the form is to state clearly the objectives of the services a Blue Session provides. Initial each statement in the space provided to the left to indicate your understanding and acceptance, which includes the obligations you have to yourself.

- I understand that a Blue Session is a unique service. It is also known as a Type-4 Catalyst Session.
- I understand that Catalyst is a gentle, hands-on approach that encourages the body to function more optimally.
- I approve the use of Catalyst to help me (and my body) function better with greater awareness and body dynamics.
- I understand that the best (most integrative) improvements are incremental.
- I understand that Forward Healing, Thriveapeutics, Successions, and Greaterness models all help me integrate the work.
- I understand that the care I receive from a Blue Session is NOT an alternatives to receiving medical and conventional care.
- I shall not confuse the services I receive from a Blue Session with me fulfilling any personal responsibilities I have regarding me receiving expeditious medical care for any conditions I may knowingly and/or unknowingly have.
- I understand that this approach is educational, entirely different from and NOT in competition with conventional care and medical treatments.
- Furthermore, I understand that this unique approach is NOT to be used in place of medical or other types of care.
- I understand that this approach does NOT name or treat symptoms, conditions, diseases, or ailments of any kind.
- I understand that this approach does NOT discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), ailment(s), or disease(s) I may be experiencing and/or expressing.
- I understand that any suggestion(s) or recommendation(s) I receive from this approach is NOT prescriptive advice and NOT a replacement for professional counseling and/or therapy.
- I understand that I should address any mental health concerns I may have with a licensed mental health professional.
- I understand that my responsibility is to present any questions or concerns I have regarding his office policies/procedures.
- I understand that payment is due in full at the time services are rendered unless prior arrangements have been made.
- I understand that the cancellation policy requires at least a 24-hour notice to not be charged for that session.
- I understand my facilitator cannot be held responsible or liable in any way for decisions I make after receiving Blue.
- I do hereby for myself, my heirs, my executors, and my administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against my Catalyst facilitator for any and all demands, liabilities, rights, or causes of action arising out of or in connection with me choosing to use this service.
- I agree to defend, indemnify, and hold my Catalyst facilitator harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
- My use of this service certifies that I have read and agree to this Statement of Objective/Agreement entirely.
- I am signing this Statement of Objective/Agreement voluntarily and not under duress of any kind.
- My signature below indicates my complete understanding and acceptance of all the above.

**FOR THE PARENT OR GUARDIAN OF A MINOR CHILD FOR WHICH THIS FORM IS BEING COMPLETED:**

- I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- I fully understand the objectives of a Blue Session and how those objectives apply to my minor child.
- I give consent for my minor child listed on this form to receive the specialized services of a Blue Session.

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