ENZOLOGY MEDITATION

Client Informed Consent, Release of Liability, and Terms of Agreement

Office Location: 1055 N Dixie Fwy, Suites 6 & 7, New Smyrna Beach, FL**Practitioners:**

Dr. Enzo Trapani & Gregge Stewart, CHT

1. NATURE OF SERVICES (EDUCATIONAL & PERSONAL DEVELOPMENT)

I understand and acknowledge that Enzology Meditation, including group programs, individual sessions, and online offerings provided by Dr. Vicente "Enzo" Trapani and Gregge Stewart, CHT, is strictly an educational, experiential, and art-based personal development program.

- **Not Medical or Psychological Treatment:** Enzology does not provide medical care, psychotherapy, psychological counseling, psychiatric treatment, medical diagnosis, or physical therapy.
- **Practitioner Roles:** Dr. Vicente "Enzo" Trapani acts as a consulting neurologist, founder, and visual artist. Gregge Stewart acts as a certified hypnotherapist, life coach, and facilitator of subconscious awareness. Neither is acting in the capacity of a licensed primary care physician or licensed mental health psychotherapist during sessions.
- **Scope:** Sessions utilize guided meditation, clinical hypnosis, neuro-linguistic programming, and Dr. Enzo Trapani's abstract neurological artwork as visual focal points for self-exploration and relaxation.

2. MANDATORY AUDIO RECORDING POLICY

To ensure absolute clarity, maintain continuity of growth, and protect both the practitioners and the clients, **all sessions (whether group programs, workshops, or private appointments) are audio-recorded** by Enzology Meditation.

- By participating, I consent to the audio recording of my voice and interactions during all sessions.
- These recordings are handled with professional discretion, stored securely, and used primarily for reference, quality assurance, safety documentation, and practitioner review.

3. CLIENT RESPONSIBILITY & MEDICAL DISCLAIMERS

I take full and sole responsibility for my own physical, mental, and emotional well-being. Enzology is a complementary practice and **does not replace** care from a qualified physician

or licensed healthcare professional. I agree to inform practitioners of any pre-existing physical or mental health conditions or vulnerabilities.

4. ASSUMPTION OF RISK & ART EXPERIENCE

I knowingly and freely assume all risks, known and unknown, associated with my participation in Enzology sessions, including temporary emotional introspection or deep relaxation. I understand Dr. Trapani's artwork is a visual tool; I choose how to interpret my sensory responses without prescribed emotional guarantees.

5. RELEASE OF LIABILITY AND INDEMNIFICATION

To the fullest extent permitted by law, I release, waive, and forever discharge **Enzology Meditation**, **Dr. Vicente "Enzo" Trapani**, **Gregge Stewart**, and any associated entities, employees, agents, successors, and the physical office location at **1055 N Dixie Fwy, Suites 6 & 7, New Smyrna Beach, FL**, from any and all liability, claims, demands, or causes of action whatsoever arising out of or related to any loss, damage, or injury (including emotional or physical) sustained by me during or as a result of participating in any group course, workshop, or private session.

6. BOOKING, PAYMENT, AND CANCELLATION POLICIES

I understand and agree to the following operational policies:

- **Prepayment:** Full payment is required upon enrollment and confirmation to secure my space in group workshops or private appointments.
- **Strict Non-Refundable / No-Rescheduling Policy: All sales are final.** Enzology Meditation does not allow refunds, cancellations, or rescheduling once enrollment is confirmed.
- **No-Shows & Late Arrivals:** No-shows forfeit the session entirely. Late arrivals may result in a shortened session time to respect the schedule of the office, with no extension or refund provided.

7. CONFIDENTIALITY AND GROUP PARTICIPATION

In group settings, while practitioners foster a safe environment, absolute confidentiality cannot be guaranteed among fellow participants. I agree to respect the privacy of others and share only what I am comfortable disclosing.

CLIENT ACKNOWLEDGMENT & SIGNATURE

By signing below (or submitting digitally), I certify that I am 18 years of age or older and that I have read, understood, and voluntarily agree to all terms, audio recording policies, disclaimers, and waivers set forth in this document.

Client Printed Name: Date:

Client Signature: Practitioner Acceptance: