



Workshop Registration Form

Applicant Information (Please Print)

Name: _____ E-mail: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone:() _____ Cell Phone:() _____ Work Phone:() _____

Workshop Information Title: *Your Six Gifts to Empowered Living*

Times: Friday evenings 7PM -10PM Saturdays and Sundays 9:30AM - 5:30PM (Ending times are approximate)

Dates: Mastering Change-April 11-13 Conscious Creation -May 30-June 1 Natural Breathing-June 27-29
 Choosing Awareness-July 25-27 Changing Habits-Aug. 22-24 Optimum Living-Sept 26-28

Location: Training Center, 2857 99th Street, Urbandale, Iowa 50322

Investment: \$2,245 by March 1, 2014. \$2,495 after March 1 & before April 11, 2014
(Payment plans available. Reduced price for past students.)

Payment Information

Cash Check (make payable to **The Center for Health & Harmony**) Money Order

Charge my Credit Card \$ _____ Name on Card: _____

Card Number: _____ Expiration Date: _____ CSC code: _____

Address for card billing if different from above: _____

Signature: _____ Date: _____

Applicant Acceptance

My signature here means that I agree to comply with the conditions on the front and back of this form.

Signed: _____ Date: _____

Witness: _____ Date: _____

AGREEMENT AND CONDITIONS OF WORKSHOP REGISTRATION

With my registration I agree to the following terms and conditions:

I am advised that The Center for Health and Harmony sponsored workshop(s) (hereinafter "workshops"), are educational workshops and that the workshop Teachers, Producers, Organizers, and anyone representing The Center for Health and Harmony and its workshops are not involved with these workshops as licensed physicians and thus these workshops are not therapy nor medicine. I am also advised that the workshop Teachers, Producers, Organizers, and anyone representing The Center for Health and Harmony and its workshops has not taken, nor will they, as a part of these workshops, take any step, or employ any procedure, to medically diagnose or determine the medical cause or nature of any injury, illness, or pain from which I may suffer. Thus these workshops do not take the place of traditional medical treatment. Accordingly, I have no expectations that any specific results from my participation in these workshops will be achieved. I am also advised that I should see an appropriately licensed health care provider for a medical treatment of any injury, illness, or pain from which I may suffer. I agree that regardless of any benefits I may obtain from these workshops, I shall under no circumstances make a decision to discontinue any course of treatment that has been recommended by an appropriately licensed health care provider, based on any information and experience that I gain from these workshops.

I am advised that these workshops may include long hours, and intense self-inquiry and may be physically and emotionally demanding. I acknowledge that I have evaluated the advisability of participating in the workshop in terms of all of the history and circumstances of my life and I accordingly agree to take full responsibility for the mental, emotional and spiritual growth and well-being I attain as a result of these workshops. I am fully aware that these workshops may activate incidents from my past which may be emotional for me. I acknowledge and declare that I am voluntarily participating in these workshops.

I hereby release The Center for Health and Harmony, its founder, Independent teachers, directors, employees, producers, organizers and any and all other participants, and the premises in which the program is held, from any and all liability as a result of any physical, mental or emotional injuries, setbacks or loss and/or damage to personal property suffered by me either during or as a result of my participation in these workshops.

I am advised that the workshops include verbal, mental, emotional, spiritual, physical and hands-on exercises. I consent that the Teacher(s), Producer(s), and other participants may use these methods with me. For the comfort and safety of all of the participants as well as the harmonious functioning of the workshop, I understand that The Center for Health and Harmony reserves the right to ask any person to leave the workshop at any time, with or without cause, and at its sole option. I agree to follow such guidelines and rules as these workshops may set from time to time. In the case that my participation shall be discontinued, I agree to accept a refund for the balance of the workshop that I have not completed as a full and final settlement.

Based on my understanding that I am responsible for my own health and well-being, I warrant and represent that I have no ailment, disability or impairment which might prevent me from participating in these workshops; nor which might be aggravated or activated by taking these workshops; nor which would be harmful to my health, safety or well-being by taking these workshops.

If I am in therapy or under treatment of another licensed health care provider, I warrant and represent that I have discussed these workshops with this licensed health care provider to my satisfaction. I have ascertained to my satisfaction or to the satisfaction of my guardian, if I have one, from my health care provider that my participation is not likely to aggravate or activate any symptoms, illness or disorders that I may have, nor would it be harmful, injurious or detrimental to my health, safety or well-being to participate in these workshops.

It is my understanding that these workshops are an experience private and personal to each participant, and I accordingly agree to respect the confidentiality of all the participants and to keep all material shared or discussed by them private and confidential. In order to protect the rights of privacy of all these workshop participants I agree not to take any photographs or movies or make any audio or video recordings of these workshops. I further agree to refrain from any conduct that may infringe upon the privacy of the other participants. I also understand that these workshops are protected by copyright laws of the United States and other countries and as such may not be reproduced, copied or otherwise duplicated in any form without the express written permission of The Center for Health & Harmony.

Providing that the confidentiality of the other participants of the workshop is preserved and the copyrights of these workshops are not infringed upon, I understand that I am welcome to share my experience of these workshops with others.

Buyer's Right to Cancel: The Center for Health and Harmony offers a 72-Hour 100% Unconditional Money Back Guarantee. If you purchase workshops from The Center for Health and Harmony and you choose to not attend, you will receive a 100% refund provided that you mail or deliver to The Center for Health and Harmony's Home Office a valid written notice of cancellation within seventy two (72) hours of signing the Workshop Registration Form. The Center for Health and Harmony will acknowledge the notification date as the postmark or dated receipt by a national mail delivery service or as delivered to the above mentioned destination when a signed receipt is acquired. If the applicant has taken delivery of any goods, they must be returned with the notice in substantially as good condition as when delivered. If a cost has been incurred for materials, products, taxes or shipping and handling it will be deducted from the refund.

The Workshop Refund Policy: The Buyer's Right to Cancel the attendance of a workshop or workshop series will be voided and not apply if the applicant has started to attend the workshops. Once the applicant has started to attend an individual workshop or any workshop in a series then there will be no refund for that workshop or the rest of the series. There is one exception. If any of the future scheduled workshops are canceled or postponed then the refund policy outlined below will apply.

Refund Policy of a Workshop or Workshop Series that has been Canceled or Postponed: If the scheduled workshops that you have signed up for are canceled or postponed then the following apply:

- You may transfer and apply your remaining tuition to any other workshops sponsored by The Center for Health and Harmony occurring within two years of the cancellation date.
- If the workshops you originally signed up for are not offered again within 120 days of the original date or you cannot attend the rescheduled workshops then you may receive a 100% refund minus the cost of any materials, products, taxes, or shipping and handling.

This release shall be binding upon my heirs and assigns. I take full responsibility for any injuries or loss and freely, knowingly and voluntarily agree to assume all risks involved, if any, during these workshops. Having been fully advised of the previously stated items, I consent to participate in this workshop. I acknowledge that these workshops have been satisfactorily explained to me. I further acknowledge that I have read and understood all of the above, and I have asked, and have had answered to my satisfaction, any questions regarding these workshops that I have. I freely and voluntarily agree to abide by all of these conditions as evidence by my signature below. I agree to hold the above named The Center for Health and Harmony and anyone involved with these workshops harmless for any claims, demands, or suits for damages from any injury or complications whatever that may result from the participation in these workshops.

To revoke this agreement, a written notification needs to be furnished to The Center for Health and Harmony and there receiving a signed receipt of delivery. Such a revocation will apply to any future workshops sponsored by The Center for Health and Harmony until an Agreements and Conditions of Workshop Registration Form is signed with a later date than the revocation of the same.

Applicant's Printed Name

Applicant's Signature

Date

Witness' Printed Name

Witness' Signature

Date