

Deep Healing Registration Form

REGISTRATION

I, _____, hereby request to enter the deep healing transformational series and choose the _____, plan.

ACKNOWLEDGEMENT

I understand this series is not meant to be a replacement for seeking competent medical advice and it makes no claim to diagnose, prescribe or recommend any medical treatments. It is suggested that participants ask their primary physician if they are suitable to participate in a deeply experimental spiritually based healing program that integrates many levels of complimentary and alternative medicine modalities to open up physical, mental and emotional blockages that create imbalances and interference in their natural healing process.

It is also agreed by _____(name), that registration in this program is for you alone and duplication of any of the recordings or materials of this program is strictly prohibited and will be considered an illegal copyright and licensing violation.

By acceptance of the above provisions the registrant does hereby agree that should any disagreement occur between themselves and the provider of this program that all such agreements will be arbitrated by the American Arbitration Association in Florida under the Laws of Florida from where this program is distributed with each party responsible for any costs or legal fees incurred they personally incur.

I _____(name), do hereby register for the deep healing series choosing the _____ Plan.

I (a) enclose a check for \$ _____ or (b) authorize you to charge my

_____ (card name) credit card # _____

expiration date _____ code _____.

Signature Date