

The Center for Well Being of Austin Enrollment Agreement Form

Name _____ Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____ Referred by _____

Event _____ Event Date _____ Tuition _____ Deposit: _____ Balance due: _____ Accommodations: Incl. _____

I understand that a non-refundable deposit is required to register for this event.

I agree to return the completed Participant Information Packet, signed copy of the Enrollment Agreement Form and my tuition balance 10 days prior to the event.

I agree to cooperate with The Center for Well Being of Austin's staff in overcoming any circumstances or obstacles which would prevent me from attending this event.

I agree that I will not take any non-prescription, recreational drugs or consume alcohol within 24 hours of any session.

I agree that I will not carry fire arms or weapons onto the premises of this event.

I agree to attend all sessions throughout this event.

I agree to be on time for each session throughout this event.

I agree to respect the confidentiality of all participants.

I agree to keep all copyrighted material private and confidential.

I understand that this agreement does not preclude me from sharing my personal experience with others, as long as the confidentiality of my fellow participants is maintained.

INFORMED CONSENT AGREEMENT

I have thoroughly discussed the workshop experience with a staff member of The Center for Well Being of Austin. I understand this experience is educational and not psychotherapy or a substitute for psychotherapy. I take full responsibility for consulting with a medical doctor before participating in the experience, concerning any known or potential physical or mental or emotional condition which I have or may have, for the purpose of getting medical permission to participate. I assume the risk, by this consent, of any physical, mental, or emotional illness, accident, or injury to myself, during the experience, and hereby release The Center for Well Being of Austin from liability thereof.

I hereby authorize the staff members of The Center for Well Being of Austin to take any reasonable step on my behalf in the case of accident, injury or illness, including but not limited to emergency first aid, doctor, nurse, and/or ambulance services, etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release The Center for Well Being of Austin from liability thereof.

CANCELLATION/REFUND POLICY

I understand that my deposit and tuition are non-refundable. I understand that if I cancel my participation within 14 days of the event, I am still responsible for paying my full tuition balance. I understand that if I cancel prior to 14 days of the event, any tuition (less the deposit) will be converted to a non-refundable credit that I may apply toward another event or services at The Center for Well Being of Austin for up to one full year.

I understand and agree to the terms and conditions stated herein.

Participant _____ Date _____

Center Director /Staff _____ Date _____