

**HEALING FROM THE BODY LEVEL UP, INC.
CONFLICT OF INTEREST DISCLOSURE**

YOUR COMPLETION AND SIGNING OF THIS CONFLICT OF INTEREST DISCLOSURE FORM IS A PREREQUISITE TO YOUR PARTICIPATION IN THIS WORKSHOP. IF YOU DO NOT WISH TO COMPLETE AND SIGN THIS FORM, PLEASE NOTIFY YOUR INSTRUCTOR IMMEDIATELY AND YOUR REGISTRATION FEES WILL BE REFUNDED IN FULL.

I have registered for the workshop indicated below and I am attending and participating in the workshop knowingly, willingly, and voluntarily. I understand that the premise of this workshop is to instruct me in methods that I may use for self-improvement and/or in connection with the performance of mental health or other services for others but not for the purpose of teaching or publishing this material for commercial use. I have completed and signed the consent and acknowledgment form given to me with this conflict of interest disclosure form.

I understand that any actual or potential conflict of interest that I have or may have with Healing from the Body Level Up, Inc. may affect the attendance, participation, and experience of others in this workshop and my relationship with Healing from the Body Level Up, Inc. Because I wish to avoid that result and deal with any actual or potential conflict of interest openly and in advance of participating in this workshop, I am disclosing any actual or potential conflict of interest below. I understand that a conflict of interest includes, but is not limited to,

- my involvement in any pending or threatened litigation involving Healing from the Body Level Up, Inc. or any of its instructors,
- my involvement (other than as an attendee or student) in any class, workshop, or training session that addresses the subject matter of this or any other workshop offered by Healing from the Body Level Up, Inc., and
- my involvement in the preparation, publication, and distribution of any materials and information that pertains to the subject matter of this or any other workshop offered by Healing from the Body Level Up, Inc.

Actual conflicts of interest: _____

Potential conflicts of interest: _____

(attach additional sheets if necessary)

_____ Check here if you have no actual or potential conflicts of interest

I CERTIFY THAT I AM EIGHTEEN YEARS OR OLDER OF AGE, THAT I SUFFER FROM NO MENTAL OR OTHER DISABILITY OR IMPAIRMENT THAT WOULD RESULT IN MY BEING DECLARED LEGALLY INCOMPETENT, AND THAT I HAVE READ AND UNDERSTAND THIS CONFLICT OF INTEREST DISCLOSURE FORM.

WORKSHOP: _____

ATTENDEE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SIGNATURE OF ATTENDEE: _____

DATE: _____