

**HEALING FROM THE BODY LEVEL UP, INC.
WORKSHOP CONSENT AND ACKNOWLEDGMENT**

YOUR COMPLETION AND SIGNING OF THIS WORKSHOP CONSENT AND ACKNOWLEDGMENT 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. I am attending and participating in the workshop knowingly, willingly, and voluntarily. I accept total responsibility, at all times, for my own well-being. During the total extent of this training, I attest that I am not under the influence of illegal drugs or alcohol nor will I be. I will notify Dr. Swack should this change. I understand that the workshop is intended to instruct me in methods of self-awareness and is neither a substitute for nor intended as medical, psychological, or psychiatric advice and treatment. If Dr. Swack and/or her associates find that a class exercise is too intense for me, an alternative will be suggested, such as refraining from that particular exercise or reserving that issue for an individual session. Should any personal issues surface or arise for which I would desire individual counseling, these issues will be handled in some other manner at my own expense. (The staff of Healing from the Body Level Up, Inc. is available for follow-up counseling. We also can refer you to our list of other trained affiliates.) I will hold harmless Healing from the Body Level Up, Inc., Judith Swack, the location of the training and/or any or all representatives of the above or their assistants.

Some of the material and information presented here is useful for rapid and/or lasting change. I agree to use it with integrity for the purpose of self-improvement and/or in connection with the performance of mental health or other services for others. The power of this methodology requires care and respect and will be used by me for the highest good of all parties concerned. I agree that Healing from the Body Level Up, Inc. and the instructors of this workshop are not responsible for my use or failure to use these methods or the results therefrom. I understand that the information provided to me is educational in nature and is intended to help my patients/clients understand, and empower themselves to enhance their own health and well-being. I am solely responsible for my own actions, including but not limited to performing functions and services within the scope of any applicable professional or other license, certification or scope of practice.

I acknowledge my receipt of certain written materials provided in connection with this workshop. I understand and agree that these written materials are protected under copyright law and that the trademarks and registered trademarks used therein are the property of their respective owners. I will not use these materials except in connection with my personal study during and after the workshop and in my work with clients. I will not copy, reproduce, adapt, abridge, modify, transmit, distribute, license or otherwise transfer or disclose these materials, or incorporate them in other materials for teaching purposes in whole or in part, without the prior written consent of Healing from the Body Level Up, Inc. in each instance.

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 consent and acknowledgment form. I agree to disclose any actual or potential conflicts of interest that I have or may have with Healing from the Body Level Up, Inc. on the disclosure form provided with this consent and acknowledgment form.

WORKSHOP: _____ DATE: _____

ATTENDEE: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

SIGNATURE OF ATTENDEE: _____